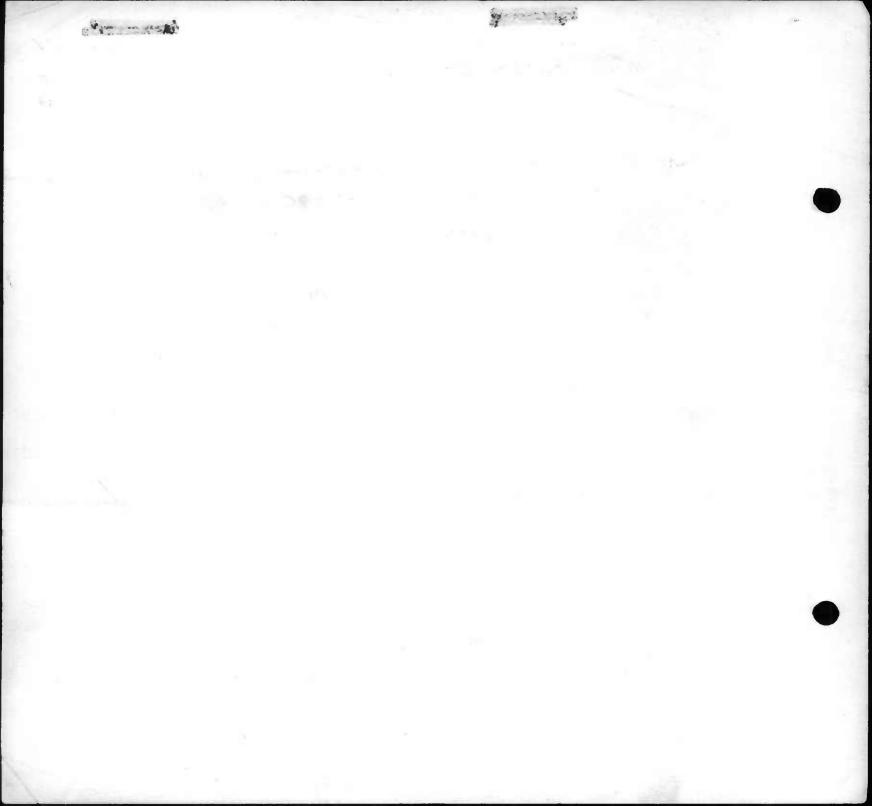
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	2-65	0 7	ЩЦ	BALTIMORE CITY	HEALTH DEPARTMENT	-	
	RTH NO.	22	-0000	CERTIFICA	TE OF DEATH	REG. NO.	
1.	NAME OF DECE		000	0		AND HOUR OF DEATH	72-00001
		MARY E.	LIZA	Barne		AN 1972	145
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONC	OUNCED DEAD	4. USUAL RESIDENCE (WI A. STATE B. COL	here deceased lived. Il in	nstitution: residence belore admission)
F H A	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	MANY LAND	- BALT.	
-		11 -			BATTIMO		YES V NO T
$\ '$	HE JUN	NS HOPKIN	VS 1+03	SPITTZ	E. STREET AND NUMBER	CASTIES	S= - 2/2/3
5.	SEX 6	S. RACE	7. ALADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
	F	~/	WIDOWED		2-21-00	lost birthdoy)	Months Doys Hours Min.
				F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
do	ne during most of we Housewij	orking file, even if relired)	Ho	usewife	Oxford, N. Car		USA
13	FATHER'S NAM	Ε			14. MOTHER'S MAIDEN N.	AME	
	BOB	RIDLET	7		CANOL	ING RIL	LPZ
15.	Wos Deceased E	ver in U. S. Armod For	ces?	1 6. SOCIAL	17. INFORMANT	7	ADDRESS
11	UNICN	mal	2 01 2014[08]	SECURITY NO.	a. Mar	PALLOZ	- SAME ADDRE
	18. 2 4	no		CAUSE OF DEAT	1 may	1 October	APPROXIMATE INTERVAL
		OR CONDITION DIR	ECTLY			0	BETWEEN ONSET AND DEATH
	IThis does not heart failure, or	mean the mode of sthenia, etc. It means	the disease.	(A) IMMEDIATE CAU	SE VENTRICUL A CONSEQUENCE OF:	AR HS45TT	re Tminute
	injury or campl	lication which caused	deoth.)		A-		
		NTECEDENT CAUSES		(B) B11	ABETES IN	ELLITUS	15 years
	rise to the	conditions, if above cause (A)	any, giving stating the	(c)	A CONSEQUENCE OF:		Parameter processing the second secon
		11		(0/	***************************************		***************************************
ERTIFICATION	ITO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH NOTION GIVEN IN PART	E TERMINAL				
SE	19A. DATE OF O	PERATION 198 CON	OTTON FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES. WERE F	INDINGS CONSIDERED
RT	323 De		CAFNE	OF OF OFFOR	- UPS		FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT OR CONTRIBUTI DEATH (natify m	WAS UNDERLYING DING CAUSE OF	21B hom etc.	PLACE OF INJURY (e.g., in ne, form, factory, street, aff	or obout 21 C. WHERE DID	(If In Bolilmore	City, give exect location)
EDIC	21 D. TIME (/	Manth) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	ILLEY OCCUPA	
ME	(APPROX.)			ile At Not While	I NOW DID IN	JORY OCCOR!	
	22. I certify th	at (1) (this hospital)	ottended t	he deceased from 2	7 DEC	1971to/-	tan 19 72
		st saw the deceased					nian deoth occurred on the dote
	and hour and f	rom the causes state	ed obove. ((did) (did not) vi	ew the bady ofter deoth.		esserted out the dold
	- STORATORE	1.00 A	1	3-0	dina 🖂 Nati —	- 600	23B, DATE SIGNED
	220 94 70 00 00	refille	sken	Mal DEGREE Phys.	Director L	Staff Phys.	1 Jan 72
	NAME (Type	0)		2	3D. ADDRESS		
24/	BURIAL CREMA REMOVAL (Spe	ATION, 248, DATE	24C. N	AME of CEMETERY OF CRE	MATORY	OCATION .	
	REMOVAL (Spe urial	1-5-72					y, town, or county) (Stote)
	DATE REC'D BY			. Calvary Ceme	0	A. Co., Mary	
	JAN 3	1972	E. Jal	DF REGISTIAR	2SC. FUNERAL DIRECTO	1735 Harford J. Jones, Jr.	Ave. APPES
VS	150-REV. 1/1/68						



14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF done during most of working life, even lifetired) Laborer	BUSINESS OR INDUST	Delores Brown	1	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((il yes, give wor or dotes of service)	17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS	
no	SECORITI NO.	Delores Weather	es 2413 S. Paca St.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart injury, osthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Council of second	APPROXIMATE INTER	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR				
	WHICH OPERATION	WAS PERFORMED	21. AUTOPSY? (Yes or N	10)
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY A	Street 2E.INJURY OCCURREN	22F. HOW DID INJURY) blk Wilgrey Court	4
23. I certify that held an Inquiry			asis, death in my opinion	

Suicide

Deputy

M.D.

24C. NAME of CEMETERY or CREMATORY

Mt. Auburn

Homicide k

CHIEF MEDICAL EXAMINER

24D. LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

Charles A. Rice

25C. FUNERAL DIRECTOR

Undetermined manner

(City, town, or county)

ADDRESS

661 W. Barre St.

Baltimore, Maryland

DATE SIGNED

(State)

1-1-72

Agetdent 1

258, NAME OF REGISTRAR

Ballen A. D

resulted from Natural causes

248. DATE

1/6/72

Werner U. Spitz,

ACTUAL

SIGNATURE,

EXAMINER'S

NAME (Type)

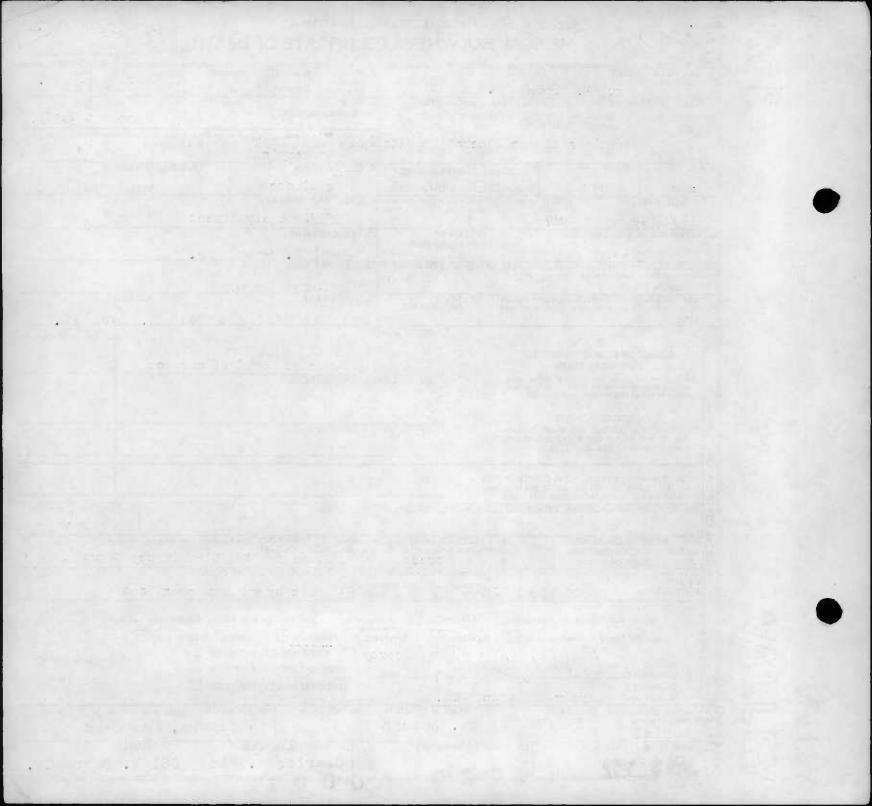
25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION.

Burial

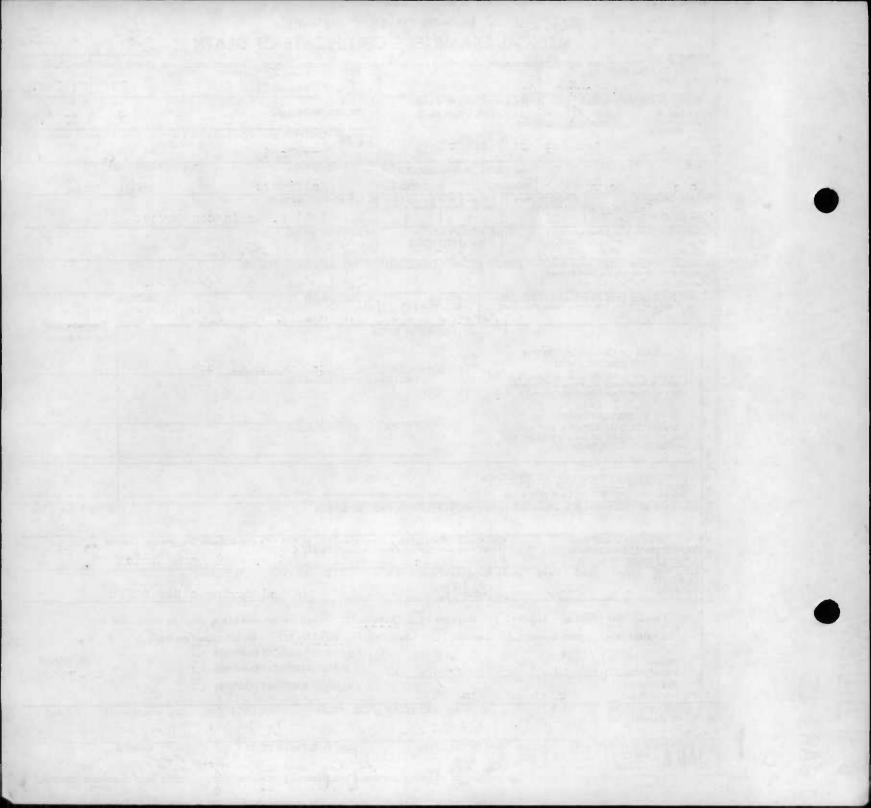
REMOVAL (Specify)

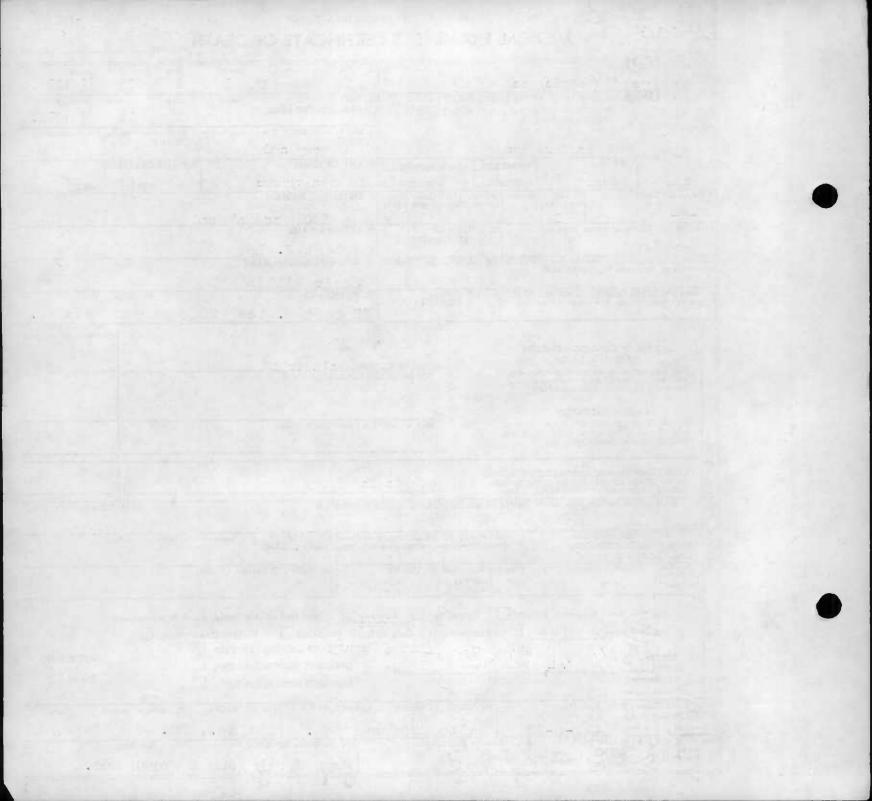
VS 151-REV. 1/1/68



0.3	BALTIMORE CITY HEALTH DEPARTMENT	
-		20-

E-420				MINER'S		CATE OF	DEAT	H REG. NO.	2-0	000	03
BIRTH NO.								KEG. NO.			
(Type or Print)	256	1			2. DATE OF	Known 🏝	Month 1	Doy 1	Year 72	Hour	D
4 PLACE IN RAI	Robert El		PONOUNC	ED DEAD	DEATH 3. DATE	Estimoted				8:23	P. W
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT NHOSPIT ADDRESS OR LOC				PRONO	UNCED DEAD	Month 1	1 1	Yeor 72	-	P. M
t de la constitución de la const	Bon Sec	ours	Hospit	al	A. STATE	ESIDENCE (Where Maryland		ed. If Institution B. COUNTY	n: residence l	Defore admis	sion)
6. SEX	7. RACE	8. MAR	RIED NE	VER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?		
Male	Negro	WIDO	WED 🗌	DIVORCED [Baltimore		V	ES E	No 🗆	
NOULS.	1946 lost birthdo	n years by)	Months Do	Yr. II Under 24 Hrs. ys Hours Min.	E. STREET	AND NUMBER 1944 W. Le	vinat				
	State or loreign country)		12. CITIZE	N OF COUNTRY?	13. FATHER		- //	oli atte	- L		
	oure d.C.	0.70 270	0	54		7425	1115				
done during most of	IPATION (Give kind of work working life, even if retired)	146. KIN	D OF BUSIN	IESS OR INDUSTRY	Lon Lon	RSMAIDEN NAM IRICITA MANT WDA FILL	AE F	NAN	54		
A WAS DECEAS	ED EVER IN U.S. ARME	D FORCE	57 17. 5	OCIAL ECURITY NO.	18. INFOR	TAAN		A	DORESS		
~	Min Aes' Blac mot of doles	or service	18-2	16 5967	BRE	NDAKIL	5 182	UMAS	13601	ADE	
19 9/	A X			CAUSE OF DEA					AP	PROXIMATE IN	
DISEAS	E OR CONDITION DIRE	CTIV							BETW	TEN ONSET A	NO DEAT
	LEADING TO DEATH	CILI		* A MANAGED IA TO C	Alles S	tab wound	of no	o le			
(This does n	ot mean the made of d	ling, e.g.,		DUE TO, OR	AS A CONSEC		OI HE	CIC			
injury or con	mplication which coused de	oth.)									
A	NTECEDENT CAUSES						*				
	OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA	Y. GIVING	,	DUE TO, OR	AS A CONSE	DUENCE OF:					
I IINDEDIVI	E ABOVE CAUSE (A) STA NG CONDITION LAST.	TING THE	E								
0				(c)							
O I IO IHE DE	II VIFICANT CONDMONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERM	AINAL								
20A. DATE OF	FOPERATION 208. CO			H OPERATION WA	S PEDECIPA	ED			In Auto	PSY? (Yes o	e Na
8 2					- ILKI OKII				21. 4010		1 110)
₹ 22A. EXTER	NAL CAUSE WAS		228. PLACE	OF INTERVA	la as abaut 2	2C WHERE DID /	if to Deliterate	- Cth L	11 11 2	Yes	
UNDERLYING UTING CA	OR CONTRIB-		home, farm,	factory, street, office House		2C. WHERE DID (YURY OCCUR? 1915 W.	Lexin	gton St	reet	20	01
≥ 22D. TIME OF INJURY	(Month) (Doy) (Yea	r) (Hou		URY OCCURRED		2F. HOW DID INJ	URY OCCU	IR?			
(APPROX.)	1 1 72 6	:30P.	m. WHILE A	NOT AT W	WHILE ORK	Stabbed o	during	alterca	ation		
23. 1 cert	ify that I held on I	nquiry [Insp	ection Aut	lopsy 🔀	and that on th	is basis,	death in my	opinion		
resul	ted from Natural cau	ses 🗌	Accide	nt Suicid	• 🗌 Ho	micide E	Indetermin	ed manner			
	hallon		16/	2) D	eputy (HIEF MEDICAL E	CAMINER				
SIGNATI			W	M.D.	ACCH	STANT MEDICAL E				DATE SIGN	1ED
EXAMIN	ER'S	-	1		-	CIATE MEDICAL E	CAMINER		1.	-2-72	
NAME (1		r U.	Spit2,								
24A. BURIAL CREE REMOVAL (Specific	MATION, 248, DATE	.71	MA 24C. NA	A GUO U	or CREMATO	RY 24D. L	OCATION OCTU		, or county)	(Stat	•)
JAN 3	BY HEALTH DEPT.	1 122	IAME OF RE			UNERAL DIRECTO	R		DORESS	-	4
VS 151.REV 1/1/68			الملاحد	0	In	I wan f	1	600	10/2	4	7





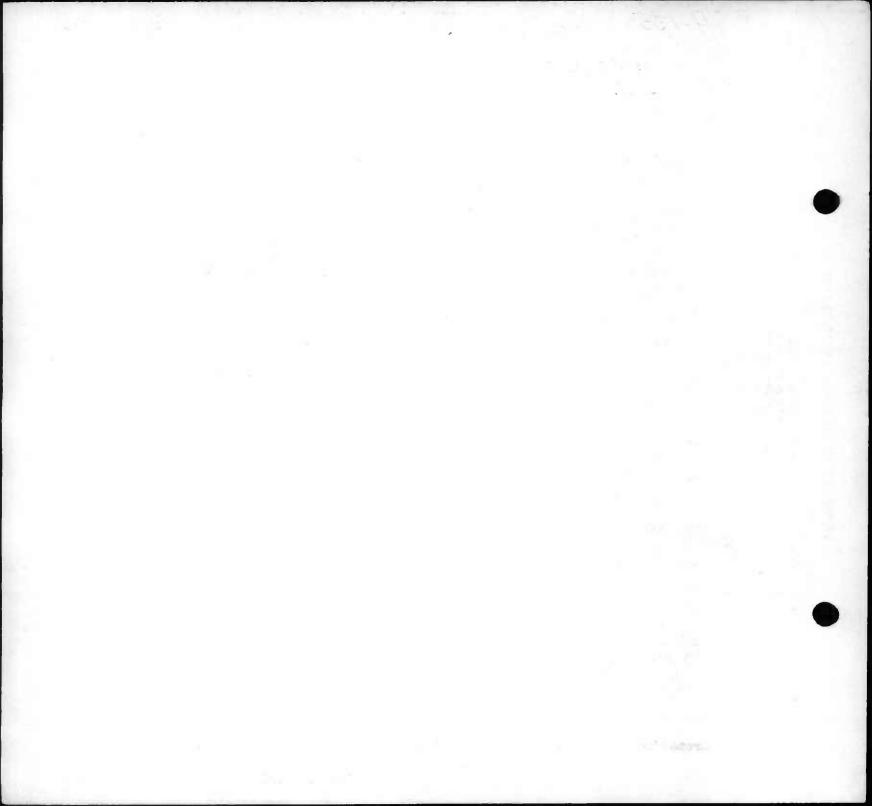
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S-455 72-600	BALTIMORE CITY	HEALTH DEPARTMENT		12-00005
BIRTH NO.	05 CERTIFICA	TE OF DEATH	REG. NO	70
1. NAME OF DECEASED			AND HOUR OF DEAT	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	CEE L.	A LISUAL RESIDENCE IV	- 2 - 72	institution: residence before admission)
	NOUNCED DEAD	A. STATE & CO	UNTY	institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	15.00	1510
INSTITUTION .		C.CIT OK IOWIN	D. IN	ISIDE CITY LIMITS?
Linai Hoop . of Balk	more, Inc.	E. STREET AND NUMBER	Poarman	ave.
5. SEX 6. RACE A 7. MARRI	ED NEVER MARRIED	& DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
RL WIDOW		5-9-26	lost birthday)	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote of	loreign country)	12. CITIZEN OF WHAT COUNTRY?
Steel Worker Beti	lehem Steel	N.C.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	AME	
Cloud Solomon		Helen M	Vilson	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17, INFORMANT		ADDRESS
Yes WWII	241-32-7478	Helen E. Sol	omon 402	25 Boarman Ave
18.203./1	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		<i>f</i> .		BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e	(A) IMMEDIATE CAU		,	2 days
heart failure, asthenia, etc. It means the disco injury or complication which caused death.)	se, DUE 10, OR AS A	CONSEQUENCE OF:	•	
ANTECEDENT CAUSES	the same	P 0 fa.	Carre 1	1 000
DISEASES OR CONDITIONS, if any, giv	(8) DUE TO, OR AS	- Renal far A CONSEQUENCE OF:		* ango
rise in the above cause (A) stating	the Chroni	ni n. el-u-	non Lenke	emia Av. wan
UNDERLYING CONDITION lost,	(c)	c raycoje.	con Leagu	mia seo gran
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG D	-		
TO THE DEATH BUT NOT RELATED TO THE TERMIN OISEASE OR CONDITION GIVEN IN PART 1 (A).	AL /20	umorua		of days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A DATE OF OPERATION 19-B CONDITION FOR WAS PERFORMED 121-A ACCIDENT WAS UNDERLYING	R WHICH OPERATION	20A. AUTOPSYT (Yes of		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CICALISE OF	218, PLACE OF INJURY (e.g., in home, form, foctory, street, olf	or about 21 C. WHERE DID	(If In Boltime	ore City, give exact location)
DEATH (notify medical examined)	etc.)	ice piegolikiaki occak		
DEATH (notify medical examined) 21D-TIME (Month) (Day) (Year) (Hour) OF INJURY	TE INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
(APPROX.)	While At Not While Nork Nork			
22. I certify that (I) (this hospital) attende	d the deceosed from		19to	19
that (I) (we) last sow the deceased olive o			that In(my) (our) op	olnion deoth occurred on the date
ond hour and from the causes stated above	. (1) (We) (did) (did not) vi			
23A. SIGNATURE				23B, DATE SIGNED
Ettnerande C. Fe	Com DEGREE Phys.	ding Med. Director	Staff Phys.	1/2/72
23C.PHYSICIAN'S NAME, (Type)	2	3D. ADDRESS		
	RASMIO MEGREE	Siraci	Hosp.	
24A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify)	NAME of CEMETERY of CRE			City, town, or county) (State)
Burrel 1-7-72	E a company		ITTLETON,	N.C.
25A. JANES 1972 Valley E. NAM	FOF REGISTRAR	25C. FUNERAL DIRECT	OR ARCH 928	E HORTH AVE
VS 150=RFV- 1/1/68				



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		BALTIMORE CITY CERTIFICA	TE OF DEATH	REG. NO. 22-	00006
	PE OF PRINT HARTMAN 10	HN		HOUR OF DEATH	21 8.55 PM
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRO		1		on: residence before odmission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MD		2834
İÑ	STITUTION ADDRESS OF LOCATION		C. CITY OR TOWN BALTIMORE	D. INSIDE C	ITY LIMITS?
17	15 Public HEALTH Serv	11c= 11-0	E. STREET AND NUMBER		H NOL
5			00111	ALLEN Dr.	
	M White WIDOW	NEVER MARRIED DIVORCED		AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. Min.
10A	LUSUAL OCCUPATION (Give kind of work 108, KINE to during most of working life, even if refired) Se AMAN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stota as foreign	n countryl 12.	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	-	
	ALBERT HARTMAN		CATALINA	AMANES	
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,na ar unknown) Uf yas, give war ar dates of servi	16. SOCIAL SECURITY NO. 106 18 7605	HOSP. ADMISS	sion manifo	ADDRESS CD
	18.200,/1	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AND MANAGEMENT CAN	ISE PULMONARY (N	Sufficiency	5 hrs
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise	DUE TO OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	B: 2	ATO AAA DAID WA		1 Week
	DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR AS	ATEMAL PNEWMW A CONSEQUENCE OF:	~ 14	7 00 0010
	rise to the above cause (A) stating UNDERLYING CONDITION lost.	(c)	Mphosarcoma		2 Years
HON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG AL			
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	***************************************	20A. AUTOPSY? (Yes at Na)	208, IF YES, WERE FINDE IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofity medical examine)	21B. PLACE OF INJURY (e.g., inhome, farm, factory, street, of etc.)	n or about 21 C. WHERE DID	(if In Baltimora City	, give exact location)
MEDI	21D-TIME (Month) (Doy) (Yearl (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED White At Not White Work At Work		RY OCCUR?	
	22. I certify that (this hospital) attende	d the deceased from		71 to JA	11 1972
	that (1) (we) lost sow the deceased olive			in (my) (ove) opinion	death occurred on the date
	and hour and from the causes stated above	. (1) (1/4) (did) (did) (ot) v	lew the body ofter death.	long	DATE SIGNED
	(Celo S. Van	Can VVVV Dhim	nding Med. SI	hoff X	I/I/ZZ
	23C.PHYSICIAN'S NAME (Typel	DEGREE	23D. ADDRESS		
244	BURIAL CREMATION, 1248, DATE 1246	N MD DEGREE	21.00		3ALT, more
	REMOVAL (Specify) Oremation 1/5/72	Loudon Park		timore, Maryl	wn, or county! (Stote)
	-/ -/	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	Edmondson Av	ADDRESS
VS	150-REV. 1/1/68				



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

E-4°		2000	7 CERTIFICA	HEALTH DEPARTMENT OF DEAT		12-00007				
1. NAME OF DE	ELLIS WILL	.IAM			E AND HOUR OF DEATH	, 10:00AM				
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If	institution: residence before admission)				
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	TUTION, GIVE STREET	MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?						
40	ST AGNES	HOSPI	TAL	BALTIMORE E. STREET AND NUMB 17 LOCUST	ER DRIVE 2122	YES NO [X]				
5. SEX MALE	CAUCASIAN	WIDOWED		8. DATE OF BIRTH 11/22/13	9. AGE (In years lost bitthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
done during most of ENGINI	working life, even if retired)	STE	F BUSINESS OR INDUSTRY	NEW JERSE		U S A				
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME					
STE PHI	EN ELLIS			MARY KARD	OS					
15. Wes Deceased (Yes, no or unknown YES	d Ever in U. S. Armed Force (If yes, give war or dates WW2	es? of service)	16. SOCIAL SECURITY NO. 143 03 613	ST AGNES	HOSPITAL BAI	ADDRESS LTO MD 21229				
DISEASES inse to the UNDERLYIN	mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a le above cause (A) G CONDITION last, II FICANT CONDITIONS CON TH BUT NOT RELATED TO TH	any, giving stating the	(B) DUE TO, OR AS	A CONSEQUENCE OF:	h Coehere	i 3Mc				
	F OPERATION 198 CONE WAS PERF	NTION FOR	WHICH OPERATION	NO	OF No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED				
. OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exomined	211 her etc	RPLACE OF INJURY (e.g., ine., farm, factory, street, of)	or obout 21 C. WHERE DI	D (If In Boltime	pre City, give exact location)				
21D.TIME OF INJURY (APPROX)	(Month) (Doy) (Year)		INJURY OCCURRED Not While ork At Work		INJURY OCCUR?					
22. I certify that (N) (we)	that (X) (this hospital)	attended t	01/01/72	12/17/71 19an		101/72 19 19 Inlon death occurred on the date				
		ed above. X	(A) (Me) (qiq) (A) (A)	lew the body after dec	oth.					
23A, SIGNATI	Exmonde	S	Atte Phys	nding Med.	Shoff Phys.	23 B. DATE SIGNED				
23C. PHYSICIA	KA THOND	BA HR,	14	304 WILKENS	MD. 2122 & PINEHEIG	SHTS AVE. ,BA LTO. ,				
24A. BURIAL CRE REMOVAL O Burial	MATION, 24B, DATE Specify) 1/4/72		AME of CEMETERY of CRE			ity, town, or county) (State)				
			OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS				

1--1 11-

11

A VIII VENIEL SU JESU TERROLINES

\$2 BMC, \$1,50 BMC

CT IN CHEEN ANTHONY CRUE, TO SEE IN THE SEE IN CO.

12/17/21

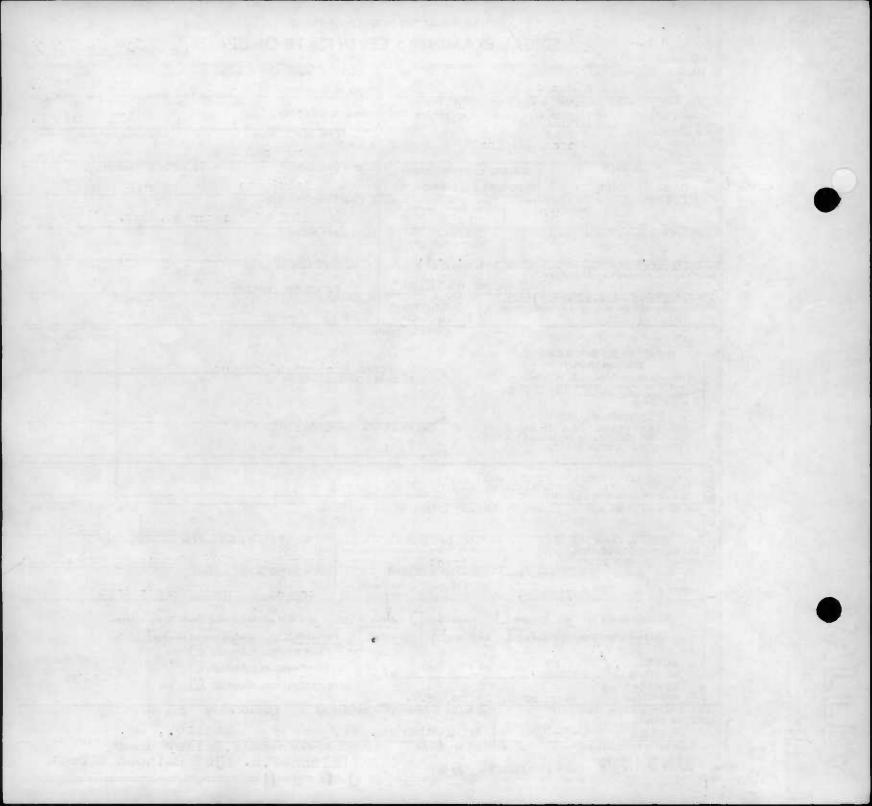
Frein en ser en en e

不	-500	5 /	22-00 MED	OO	7	BALTIMORE CITY HE			OF I	DEAT	H ,	72-0	000	78
1. NA	H NO.	CEASED	L,				2. DATE	Known		Month	Doy	Yeor	Hour	
(Type	or Print)	Le	onard	Roams	2	ROANE	OF DEATH	Estimoted		1	1	72	7:00	P.,
						UNCED DEAD	3. DATE	INCED DEAL	<u> </u>	Month	Day	Yeor	Hour	
	NAME OF	(IF NO	SS-OR LOCA	TION)	Inulio	N, GIVE STREET				1	1	72	7:00	
UK P	SPC TAI		heran		461	MULU	A. STATE			eceased li	B. COUNTY	on: residence	belore odmis	sion)
6. SEX	X	7. RACE		8. MARR	IED &	NEVER MARRIED	C. CITY OR	aryland TOWN	<u>a</u>		D. INSIDE	CITY LIMITS?	1 9 4	-
М	ale	Negr	0	WIDOV				altimo	ra		,	YES 😾	П ОИ	
	TE OF BIRT		10. AGE (I	years	# Und	der I Yr. If Under 24 Hrs.	E. STREET A	ND NUMBE	R			.25 00		
11-	-13-35		lost birthdo	"	Monin	S Doys Hours Min.	1	106 N.	Mou	nt St	reet			
It. BII	RTHPLACE (State or foreig	n country)			TIZEN OF	13. FATHER	SNAME	TIOU	IIIC OL	<u> </u>			
		e, Mary				HAT SOUNTRY?		lp Roan						
4A.U.	SUAL OCCU	PATION (GIV	e kind of work en if reliced)	48. KIND	OFB	USINESS OR INDUSTR	Y 15. MOTHE	'S MAIDEN	NAM					
L	Laborer							le Brow	n					
Yes, n	AS DECEAS	ED EVER IN)(If yes, give v	U.S. ARMED	FORCES) [17. SOCIAL SECURITY NO.	18. INFORM					ADDRESS		
19.						220-30-5360	Shir	ley Roa	ne -	- 1106	N. Mo		PPROXIMATE IN	
20	DISEASES RISE TO TH	MECEDENT OR CONDITION ABOVE CANDITION CONDITION CONDITIO	CAUSES ONS, IF ANY			(B) DUE TO, OR	AS A CONSEC	QUENCE OF:						
CERTIFICATION	DISEASE OF	NIFICANT COM ATH BUT NOT CONDITION FOPERATION	GIVEN IN PA	THE TERM	INAL	VHICH OPERATION W.	AS PERFORM	ED				21. AUTC	PSY? (Yes o	r No)
일미	NDERLYING	NAL CAUSE OF CON	TRIB-		22B. Pl	ACE OF INJURY (e.g., farm, factory, street, office	In or obout 2 e bldg., etc.)	C. WHERE I	DID (II	in Bolilmo	re City, give e	xaci location)	Yes	
∑ 22 O	The second secon		ay) (Year) (Hou		EINJURY OCCURRED	WHILE O	2F. HOW DI	ונאו ס	IRY OCCI	JR?			
23	I cert	URE I		× ×	1	Inspection Au	topsy 🔀 de 🗌 Ho Deputy (micide 🗌	CAL EX	ndetermi AMINER AMINER			DATE SIGN	
REMO Bu	BURIAL CRE DVAL (Spec Irial	MATION.	48. DATE 5-72		240	NAME of CEMETERY				CATION	(City, lov	vn, or county) (Sto	te)
25A.	DATE REC'D	BY HEALTH	DEPT.	258. N	AME O	OF REGISTRAR		UNERAL DI				ADDRESS Madison	Ave.	
/C 16	1.REV. 1/1/6							7	e.					-

1/10/72 - Correction for m from funeral director.

XBC.

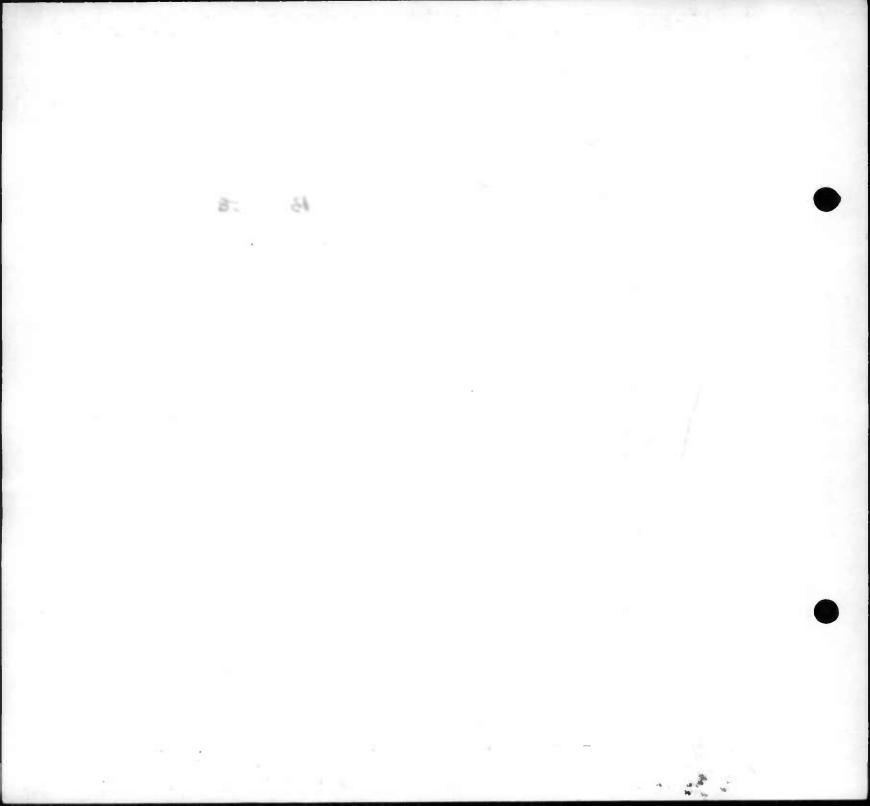
6	N-520	0 %	7-00C MED	OICAL		AMINER'S			DEAT	H REG. NO.	32-0	000	19
1.	NAME OF DEC	EASED					2. DATE	Known 🖸	Month	Day	Year	Hour	
(1)	pe or Print)	John	n Weem	S			OF DEATH	Estimoted	1	1	72	1:10	A. _{M.}
íl .	PLACE IN BAL						3. DATE	NCED DEAD	Month	Day	Yeor	Hour 1.10	A
HO	SPITAL INSTITUTION	ADDRE	SS OR LOCA	TION)	101101	N, GIVE STREET		SIDENCE (Where	1	1	72	1:10	М.
		Lu	theran	Hospi	tal		A. STATE	Maryland		B. COUNTY	residence	60	5
6.	SEX	7. RACE		8. MARRI	ED 🔼	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?		
	Male	Neg:		WIDOW		DIVORCED		Baltimo	re	YE	s 🖾 📗	NO 🗆	
9.	DATE OF BIRT		lost birthdo	y)	If Und	er I Yr. II Under 24 Hrs. Doys Hours Min.	E. STREET A	ND NUMBER	achoat	er St. A	nt 20	11	
-	2-9- BIRTHPLACE		2.5		2 CIT	IZEN OF	13. FATHER		ichest	er St. A	pt. 20	71	
					W	HAT COUNTRY?							
144	.USUAL OCCU	PATION (GIV	kind of work	14B. KIND		US & SINESS OR INDUSTR	Y 15. MOTHER	rin Weem	S				
don	e during most of v	vorking lile, ev	en if retired)	Che	ro	let Plant	Flor	etta Bu	ch				
16.	WAS DECEAS	ED EVER IN	U.S. ARME	FORCES	11	7. SOCIAL	18. INFORM	ANT	511	AD	DRESS		
(10	s, no or unknown NO	(ii yes, give v	var or doles	or service)	2	SECURITY NO. 18448064	Chery	L Weems		same			
	19. 9	66 X				CAUSE OF DEA	TH					PROXIMATE IN EEN ONSET A	
		E OR COND		CTLY									
		LEADING TO		ilna. e.a		(A) IMMEDIATE	AS A CONSEQ	b wound o	f neck				
	heart follure	of meon the , osthenio, etc. nplication which	It means the	disease,		DUE 10, OK	AS A CONSEQ	DENCE OF					
		NTECEDENT OR CONDITIO		Y. GIVING		(B)	AS A CONSEC	UENCE OF					
	RISE TO THE	OR CONDITION E ABOVE CAI NG CONDITION TO SERVICE OF THE CONDITION TO S	USE (A) STA ON LAST.	TING THE		(4)							
O N			11			(c)							
CERTIFICATION	TO THE DE	IIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMI	NG NAL								
ERTI					OR W	HICH OPERATION W	AS PERFORM	ED		-	21. AUTO	PSY? (Yes	or No)
C	2										1	Yes	
V	22A. EXTER	NAL CAUSE		2	28. PL	ACE OF INJURY (e.g., farm, loctory, street, office	in or obout 2	UURY OCCUR?	If in Boltimor	e City, give exac	t location)		11.
MED	UTING CA	USE OF DEA	TH.			Street	i	n front o	f 2505	Winches	ter S	treet	1000
	OF INJURY	(Month) (D	oy) (Yea	r) (Hour		LINJURY OCCURRED	TANDE -	2F. HOW DID IN.					
	(APPROX.)	1 1	72 1	2:40A	m. WC	ORK AT V	VORK X	Stabbed b	y unkn	own assa	ilant		
		ify that I h	eld an I	nquiry [] :	Inspection Au	itopsy 🔀	and that on th	is basis,	death in my	pinion		
	1	ted from: N						micide E					
		110001	110	1		n) De		HIEF MEDICAL E				DATE SIG	NED
	ACTUAL SIGN AT		/VIL	7/1	V		ASSI	STANT MEDICAL E	XAMINER				VED
	EXAMIN	ER'S			Δ			CIATE MEDICAL E	XAMINER		1-	1-72	
24	A. BURIAL CRE		Werr	ner U.		itz, M.D.	or CREMATO	RY 24D.	LOCATION	(City, town,	or county)	(Sto	ote)
	MOVAL (Speci	fy)		2		rbutus Men			-	lto., I		(5)6	
25	Buria		1-5-7			of REGISTRAR		UNERAL DIRECTO					
	JAN 3	1072	8000 0	8.8	8	als be		Lson F.H		8 Calho		treet	5
1/5	151-REV. 1/1/6	DIE.	Uscel	o. ⇒'/∆\$	37 %	ALC:	-	0 0	71				
A 2	131-KEV. 1/1/6	/V 0	7 4	43/			-	34					V



IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final dismassion; is made. occurred in a hospital and This cortificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or continuous contents are contents or contents. VS 150-REV. 1/1/68

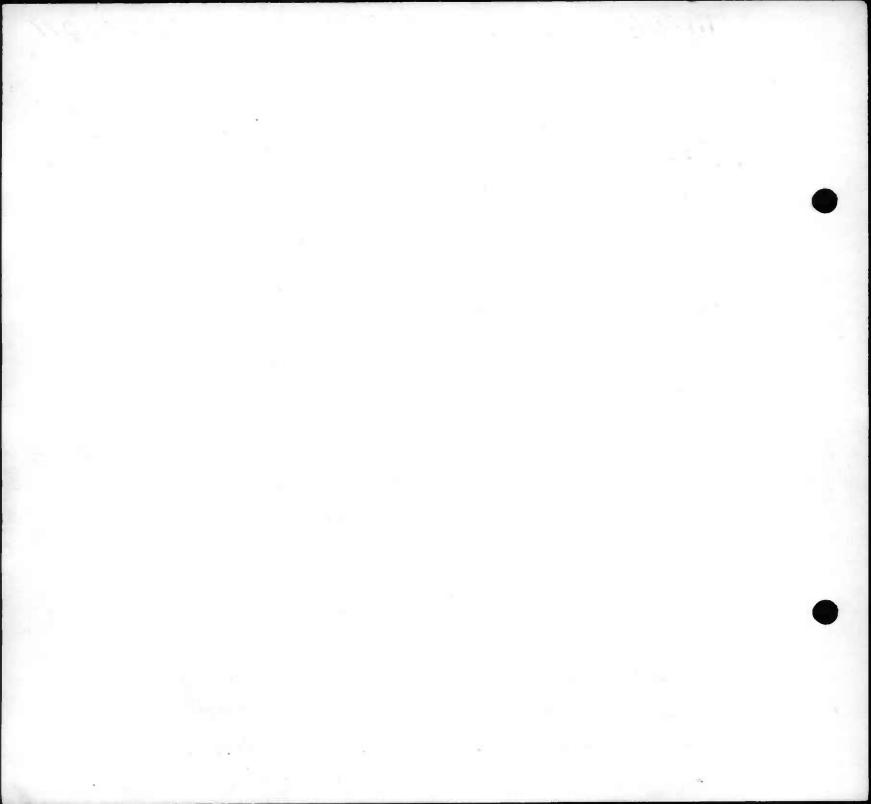
1	V-200 no-		TY HEALTH DEPARTMENT	REG. NO. 72-00010
		0010 CERTIFIC	ATE OF DEATH	REG. NO. 182 UOCO 10
	AME OF DECEASED e or Print) HAROLD NIS	SKEY	2. DATE AND HOL	UR OF DEATH 17:19 P
3. PI	LACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dece	osed lived. Il institution: residence before admission
FUL	L NAME OF (IF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	MARYLAND	1606
INST	SPITAL OR ADDRESS OR LOC	ATION)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
U	NIVERSITY UF MARYLA	ND HOSPITAL	BALTIMORE E. STREET AND NUMBER	YES NO
13	8		11 272	STREET
5. SE	M 6. RACE	7. MARRIED NEVER MARRIED		(In years If Under 1 Yr., If Under 24 Hrs Inday) Months; Doys : Hours : Min.
11		WIDOWED DIVORCED	3 - 2 - 13 5 Y 11. BIRTHPLACE (Stote ar foreign cour	8
done	during most of working lile, even it retired)	NONE	- The state of the	
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	VSA
	JOHN HA	ROLD	EVELYN	NISKEY
15. W (Yes,	fos Deceased Ever in U.S. Armed Far no or unknown) (11 yes, give wor ar dote	114 40014	17. INFORMANT	ADDRESS
U	INK	SECORITI NO.	Constance Harris	same
1	8.486X1+16	CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DI		000	
	This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g., (A) IMMEDIATE CA	USE CARDIAC A CONSEQUENCE OF:	ARREST = - I minud.
	injury ar camplication which caused	death.)		
١,	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if		RESPIRATO S A CONSEQUENCE OF:	DRY ARREST lumid.
ព	ise la lhe above cause (A) UNDERLYING CONDITION last,	sidning the		1 /
	II	(c)	Pneumonia	10 d.
NO	OTHER SIGNIFICANT CONDITIONS CO. O THE DEATH BUT NOT RELATED TO THE	NTRIBUTING	Carra al I.	
CAT	PA-DATE OF OPERATION 198. CON	T 1 (A).	Cancer of lungs	10 months
CERTIFICATION	/ Tracheoston WAS PERF	FORMED LOCAL Anesth	20A. AUTOPSY? (Yes or No.) 20B. I	F YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
	A ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., home, form, foctory, street, c	in ar obout 21 C. WHERE DID	(If In Boltimore City, give exact location)
A D	PEATH Inetify medical examined	elc.)	mes sings, my okt occok:	
30	1D.TIME (Month) (Day) (Yeor) FINJURY	(Hour) 21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OC	CUR?
1/	APPROX.)	11 41 AT 11 OIK		
	2. I certify that (I) (this hospital hat (I) (we) lost saw the decease		19 72 and that Info	
	•	ed abave. (1) (We) (did) (did-not)	ond that in (m	y) (our) apinian death occurred an the date
23	BA. SIGNATURE		new the body diter death.	23 B, DATE SIGNED
	Robert at	essur DEGREE Phy	onding Med. Shaff Phys.	1-1-72
23	C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS	
24A. B	RURIAL CREMATION 1248. DATE	A. LESSEY DEGREE	Min. of med.	Hosp. Dept. of 1. ~1.
	Burial 12-5-	72 Mt. Auburn Ce	to only or	to the same of the
25A. E		72 Mt. Auburn Ce	M. Bal	Lto., Md.
J	AN 3 1972 Page 3 9	1 18 2 0 0		& Calhoun St.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

	M-300 900		HEALTH DEPARTMENT	PEG NO 2	2-00011				
	I NAME OF DECEASED	CERTIFICA	TE OF DEATH	, ,					
	(Type or Print)	1 Magary	2. DATE AND HOUR OF DEATH						
	3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission						
	FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN		905				
	UNIVERSITY OF	= MARYLAND	BALTIMORE		CITY LIMITS?				
	8 HOSPITAZ, BA	RTIMORE	2608, KIRKAVE Balls. WS 21218						
BBE	5. SEX 6. RACE NEG RO	* MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years I	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.				
2	10A. USUAL OCCUPATION (Give kind of work		11. BIRTHPLACE (State or foreign	69	10 6171711				
0	done during most of working life, even it retired)		VARGINIA		12. CITIZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM						
2	Joseph Mod	odv	Roxanne						
	15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) (if yes, give war or dates	2 11 (2001)	17. INFORMANT		ADDRESS				
	no	213-07-2056	Ruth Pettie	same					
,	18.4/2/1	CAUSE OF DEATH			APPROXIMATE INTERVAL				
:	DISEASE OR CONDITION DIRE	CTLY	20.1.	0 /	BETWEEN ONSET AND DEATH				
	This does not mean the mode of	dying, e.g., (A) IMMEDIATE CAUS	CONSEQUENCE OF:	Infants	a 3-4 mi				
	heart failure, osthenia, etc. It means to injury as complication which caused of	ne gisease.	CONSEQUENCE OF:	٧					
	ANTECEDENT CAUSES	. Au	Appleas						
	DISEASES OR CONDITIONS, if of	ny, giving DUE TO, OR AS	CONSEQUENCE OF:		P#####################################				
	rise to the above cause (A)	staling the (c)	speardid ?	Dochaems					
	Z OTHER SIGNIFICANT COMME	0/	/						
	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TERMINAL	onic dup	disease					
	19A-DATE OF OPERATION 19B COND WAS PERFO	THON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE IN CERTIFYING CAUSES	S OF DEATH?				
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(II In Boltimore Ci	ity, give exect location)				
		(Hour) 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
	(APPROX)	While At Not While At Work							
	22. I certify that (1) (this hospital)		2//	7/ 10 1/	1974				
	that (I) (we) lost sow the deceased	olive on	ond that	In (my) (our) opinior	deoth occurred on the dote				
	and hour and from the couses state	d obove. (1) (We) (dld) (did not) vi	ow the body ofter death.						
	23A. SIGNATURE	ashi Atten	ding		B. DATE SIGNED				
	23C.PHYSICIAN'S	DEGREE Phys.	Director L P	hys.	2/12				
	NAME (Type) M-CU AL	MADACHI MA	D. ADDRESS	Hospitel					
2	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CREA	AATORY 24D. LO	CATION (City, to	own, or countyl (Stote)				
	Burial 1-5-72	Mt. Auburn Ce	m. Bal	to.,Md.	- Total				
2	SA. DATE REC'D BY HEALTH DEPT.	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Bailey	ADDRESS				
	JAN 3 7972 Jasens 4	Varbey KA 1	Qelbon 0		oun St.				



NAME (Type)

JAN 3 1972

248. DATE

24A. BURIAL CREMATION, REMOVAL (Specify)

VS 151-REV. 3/1/68

Werner U. Spitz, M.D.

258. NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

	0-430 72-000/2 BALTIMORE CITY HE.	ALTH DEPAR	TMENT				
	MEDICAL EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	22-0	0012
-	NAME OF DECEASED DAVIO	lo DAVE	Known 🛣	Adamah	0	Yeor	1
(Ty	pe or Print)	2. DATE OF	Estimated	Month 1	Doy 1	72	Hour 19.150
4	William Bolt PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH 3. DATE	Estimoled [Month	Doy	Yeor	12:15P. M.
1	IL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	1	INCED DEAD				
HC	OSPITAL ADDRESS OR LOCATION)	E HEHAL DE	SIDENCE (Where	1	1	72	12:15P. M.
	2126 E. Lombard Street	A. STATE	ryland		B. COUNTY	on: residence i	105
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR			TD. INSIDE	CITY LIMITS?	
	Mala White		ltimore			T	
9.	DATE OF BIRTH 10.AGE (In years # Under 1 Yr. II Under 24 Hrs.		ND NUMBER			YES [3	ио Ц
	Months Doys Hours Min.			- 1 0			
1	BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF	I3. FATHER	26 E. Lomb	para S	reet		
''	WHAT COUNTRY?	13. FATHER	DEENILL	ILE	BOLT		
1.4	KENTUCKY U.SA.	115 40145	EENYVI	L- 6	130-1		
don	A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY the during most of working life, even if relired)	13. MOTHE	MAIDEN NAM				
L	CARPENTOR SELF EMPLOYED	L	AKA	UNK		- wa	
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORM	IANT			ADDRESS	
L	NO - 33172-3328	AMAN	DAFB	ILT 2	126EI	LOMBA	RO 37,
	19. 4 CAUSE OF DEA	TH					PROXIMATE INTERVAL VEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEATH	AUSE Art	terioscler	cotic	cardiov	ascular	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)	AS A CONSEQ	UENCE OF:	di	sease		
	ANTECEDENT CAUSES (8)						
		AS A CONSEC	UENCE OF:				
	I UNUERIVING CONDITION LAST						
NO O	(c)						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
RT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
Ö	2						Partial
X	22A. EXTERNAL CAUSE WAS 228.PLACE OF INJURY (*.g.,	In or obout 2	2C. WHERE DID (II In Boltimo	re City, give e		artiar
EDICAL	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	e bidg., etc.) If	UURY OCCUR?				
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED		2F. HOW DID IN	JURY OCC	JR?		
	(ADDROV)	WHILE CORK					
		artial					
	i certify that I held an Inquiry Inspection Au	topsy 🗵	and that on th	is basis,	death in m	y opinion	
	resulted from Netwal causes Accident Suicid	le Ho	micide 🔲 t	Undetermi	ned manner		
	11/1/00 00	Deputy o	HIEF MEDICAL E		X		
	ACTUAL SIGNATURE MADE M.D.	ASSIS	STANT MEDICAL E	XAMINER			DATE SIGNED
	EXAMINER'S M.D		CIATE MEDICAL E	XAMINER		1-	2 -72

of CEMETERY OF CREMATORY

24D. LOCATION (City, town, or county) (Stote)

CARMEL CEM ODONNELS ST BALSO MO

ISTRAR

25C, FUNERAL DIRECTOR ADDRESS

DIPPEL BROSING 1800 E LOMBBRD ST

9061 1, 904 1.411/1141 inigenial statement 1964

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to the state of th

- 1 B

	1/1	BALTIMORE CITY			
BIR	-162 72-0001		TE OF DEATH	REG. NO	72-00013
	NAME OF DECEASED WILLIAM JOS	eph Cierpisz,	or. 2. DATE AT	NO HOUR OF DEATH	H A Cro_
	K as OTEPRISZ, W	ILLIAM Joseph,	Sr. /	11/72	800
		KONOGRCED DEAD	A. STATE B. COUN	NTY	institution: lesidence belore admis
HO	LL NAME OF (IF NOT IN HOSPITAL OR I OSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN		601
1143	STITUTION		D. IN	YES X NO	
190	53		E. STREET AND NUMBER		
	JOHNS HOPKINS		129 N. KEN	WOOD AVE.	
5. \$	White	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Doys Hours M
IDA	LE CAU WIDO	WED DIVORCED	02-11-92	79	
10011	a during most of working life, even it refited)			ign country)	12. CITIZEN OF WHAT COU
	ectrical Foreman Cit	y of Baltimore			U.S.A.
	FATHER'S NAME Chael		14. MOTHER'S MAIDEN NA		
	表現 CIEPRISZ [Michae Wes Deceased Ever in U. S. Armed Forces?		Anastasia	kewndaws:	
Yes	s, no or unknown) (if yes, give wer or dates of ser	0000Kill 1101	17. INFORMANT		ADDRESS
_	Yes WW I, Navy	214-40-6951	Mr.William J.	Cieprisz,	
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	Н		APPROXIMATE INTERVENTED TO BETWEEN ONSET AND D
	LEADING TO DEATH	(A) IMMEDIATE CAU	VICE: +	0404.3	to la minute
1 1					
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	e.c. Durzo on to	A CONSEQUENCE OF:	y arms	= / @ missive
	heart failure, asthonio, etc. It means the dis injury or complication which coused death.)	e.c. Durzo on to		y arres	e / masse
	heart failure, asthonio, etc. If means the dis injury or complication which coused death.) ANTECEDENT CAUSES	e.g., DUE 10, OR AS (B) Prairi	a consequence of:	e and	Il days
	heort foilure, osthonio, etc. It meons the dis injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, g riso to the above cause (A) stoling	e.g., eose, DUE 10, OR AS (B) DUE 10, OR AS		e and	Il days
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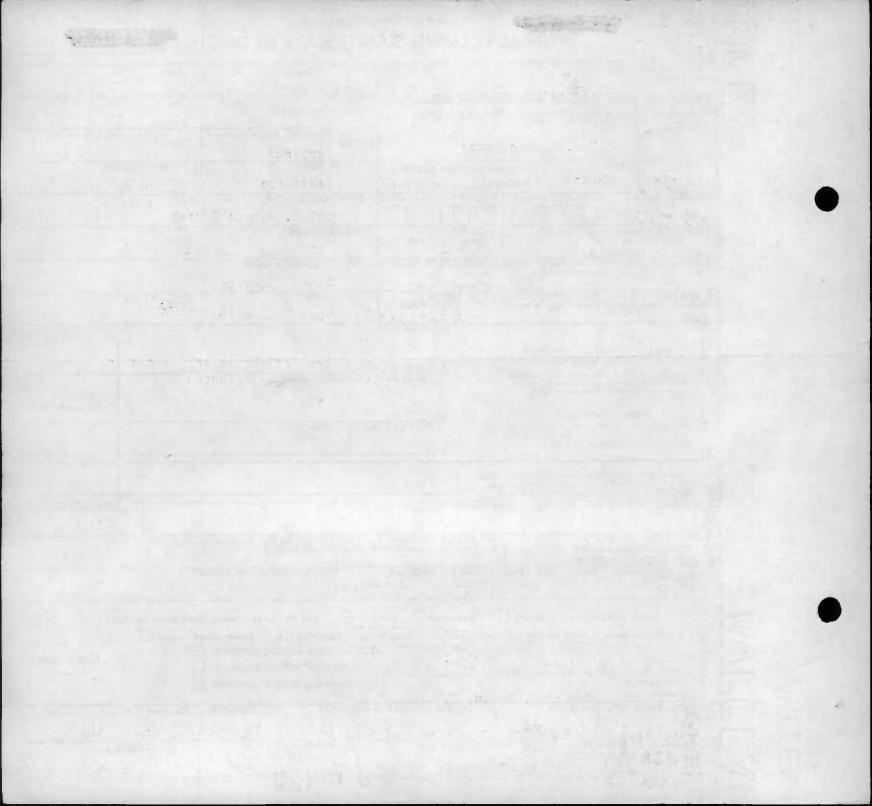
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		112	DATE	V	[50]	144	_
MEDICAL	EXAMINER'S	CE	RTIFIC	CATE	OF	DEATH	R
	BALTIMOKE CITY HEALTH DEPARTMENT						

BIRTH NO.	ME	DICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO		
1. NAME OF DE	CEASED			2. DATE	Known 🔯	Month	Day	Year	Hour
(Type or Print) Dolores E. Smith				OF DEATH	Estimoted	1	1	72	10:45 P
4. PLACE IN BA	TIMORE, MARYLAND			3. DATE		Month	Doy	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LO	PITAL OR INST	TUTION, GIVE STREET		INCED DEAD	1	1	72	10:45 P
00	527 S. M	onroe :	Street	A. STATE	SIDENCE (Where	deceased if	B. COUNTY	n: residence t	elore odmission)
6. SEX	17. RACE				aryland		In wene	1	700
Female	White		ED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
9. DATE OF BIRT		(In years	# Under 1 Yr, If Under 24 Hrs.	Baltimore YES NO DE STREET AND NUMBER					
10/9/1			Manths Doys Hours Min.		27 S. Mon	roe St	reet		
II. BIRTHPLACE	State or foreign country)	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	S NAME	0			
W. Vir	calnia		71.54				np		
14A-USUAL OCCU	PATION (Give kind of wo	148. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	'S MAIDEN NAM	ME			
		Md.	Glass Co.	E	va Ca	mp			
	ED EVER IN U.S. ARM (If yes, give war ar do)	ED FORCES		IS. INFORM	bert Sy	nith	,	DDRESS	
19	7 11		236-24-753 CAUSE OF DEA	TH 171	DEIT ST	111117		I AP	PROXIMATE INTERVAL
7 10	7								EEN ONSET AND DEA
	E OR CONDITION DI LEADING TO DEATH	RECTLY		Art	erioscler	otic o	rardiova	scular	
(This does n	ol meon the mode of	dying, e.g.,	(A)IMMEDIATE (AS A CONSEQU		disea			
Injury or cor	, asthenia, etc. It meons application which caused	the disease, death.)				GIDE			
	ATTCCPPENT CAUCEC								
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO, OR AS A CONSEQUENCE OF:								
	E ABOVE CAUSE (A) S	TATING THE							
0	TO COMPINE THE		(c)						
OTHER SIGN	III	CONTRIBUTI	NG						
TO THE DE	ATH BUT NOT RELATED CONDITION GIVEN IN	O THE TERMI	NAL						
			OR WHICH OPERATION W	AS PERFORM	ED.			21 AUTO	PSY? (Yes ar Na)
0 2				- 120,000				Ye	
Z 22A. EXTER	NAL CAUSE WAS	12	2B. PLACE OF INJURY (e.g.,	In ar about 2	C. WHERE DID /	If In Rollimo	o City alva av		
UNDERLYING UTING CA	OR CONTRIB-	h	ome, farm, factory, street, offic	bldg., etc.) IN	UURY OCCUR?	H MI DOMINIO		oci rousium,	
≥ 22D. TIME	USE OF DEATH. (Month) (Day) (You	ear) (Hour)	22E.INJURY OCCURRED	22	F. HOW DID IN	HRY OCCI	102		
OF INJURY			WHILE AT NOT	WHILE		000	-K1		
23.			n. WORK AT W	ORK L					
I cert	Ify that I held an	Inquiry [Inspection Au	topsy 🔽	and that on th	is basis.	death In my	opinion	
result	resulted from Natural courses Accident Suicide Homicide Undetermined manner								
	1111111	18//	1		HIEF MEDICAL E		XX		
SIGNATI	IDE / /////	ν	INT	ASSIC	TANT MEDICAL E		ī		DATE SIGNED
EXAMIN			M.D	•	CIATE MEDICAL E		ī	1	-2-72
NAME (1	ype) Werne	r IL St	itz. M.D.			- MARINAPI			
24A. BURIAL CREA	MATION, 124B, DATE	/	24C. NAME of CEMETERY	or CREMATO	RY 24D, 1	OCATION	(City, low	n, or county)	(Stote)
Buria	1 1/5	172	Gardens of	Fait	6 1	30/t.	ma (0	12.
	BY HEALTH DEPT.	258. NA	ME OF REGISTRAR	25C. F	UNERAL DIRECTO)R	no re	DDRESS /	19.
UEC 30	1971 R.C.	8 R. Pag		.01	1	10	10	9/	10.01
VS 151.REV 3/1/66	A COST	e 6 4 11 11 11	DAVIN B	O XAB	0.00	CALVI	4/1	11/11/1	ldenck



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1)-243	HEALTH DEPARTMENT	308				
Teo I Beake I main	TE OF DEATH REG. NO. 50	00015				
1. NAME OF DECEASED LEO J. DECKEL MAN	2. DATE AND HOUR OF DEATH JAN 2 1992 845	p.m.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, if institution:	residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN D. INSIDE CITY I	2632 LIMITS?				
45 NAT HOSPITAL	E. STREET AND NUMBER 4/4 2 COOK AVE.	NO D				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED		er 1 Yr., Il Under 24 Hrs.				
WIDOWED DIVORCED	8. DATE OF BIRTH 2 / 2 3 / 14 9. AGE (In years lighthday) Months	Days Hours Min.				
done during most of working lile, even if retired)		ZEN OF WHAT COUNTRY?				
Foreman Ceneral Noters 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	11.3. 1				
George AxxxX Deckelman	Anna Nocker					
	Mrs A Ketherine Neckalmen Car	(Same) SIZ (SINA)				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RCHOMA OF LUNGS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PAW MOUTLES				
injury ar complication which caused death.)	E CONSEQUENCE OF: POW PULMONARY ARKBST	MANUE DIA CIS				
ANTECEDENT CAUSES (8)	A CONSEQUENCE OF:	MINGLAMAR				
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	MARATION	PEW DAYS				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************				
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 1994-DATE OF OPERATION WAS PERFORMED WAS PERFORMED U214-ACCIDENT WAS UNDERLYING. 1218 PLACE OF INJURY (a. in)	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi pearth (notify medical examined)	or obout 21 C. WHERE DID (If In Bollimore City, glv ce bldg., INJURY OCCUR?	re exact location)				
21 D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED While At Work At Work	21 F. HOW DID INJURY OCCUR?					
22. I certify that (1) (this hospital) attended the deceased from DETC 7 19 To AN A 19 The that (f) (we) last saw the deceased alive on AN A 19 Though that in (my) (our) opinion death occurred on the date						
and hour ond fram the couses stoted above. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE Attending Med. Shaff Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED 24 2 4 4						
24A. BURIAL CREMATION, REMOVAL (Specily) Burial 24B. DATE 24C.NAME of CEMETERY of CREATERY 24C.NAME of Faith		or county) (Stole)				
254 DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR JAN 4 1972 See E Color 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto.	ADDRESS				
VS 150-REV. 1/1/68						

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A MARIO OF STREET

Holy Redeemer

25C. FUNERAL DIRECTOR

258. NAME OF REGISTRAR

(Stote)

Baltimore, Maryland

conard, J Ruck Inc. Baltimore, Md

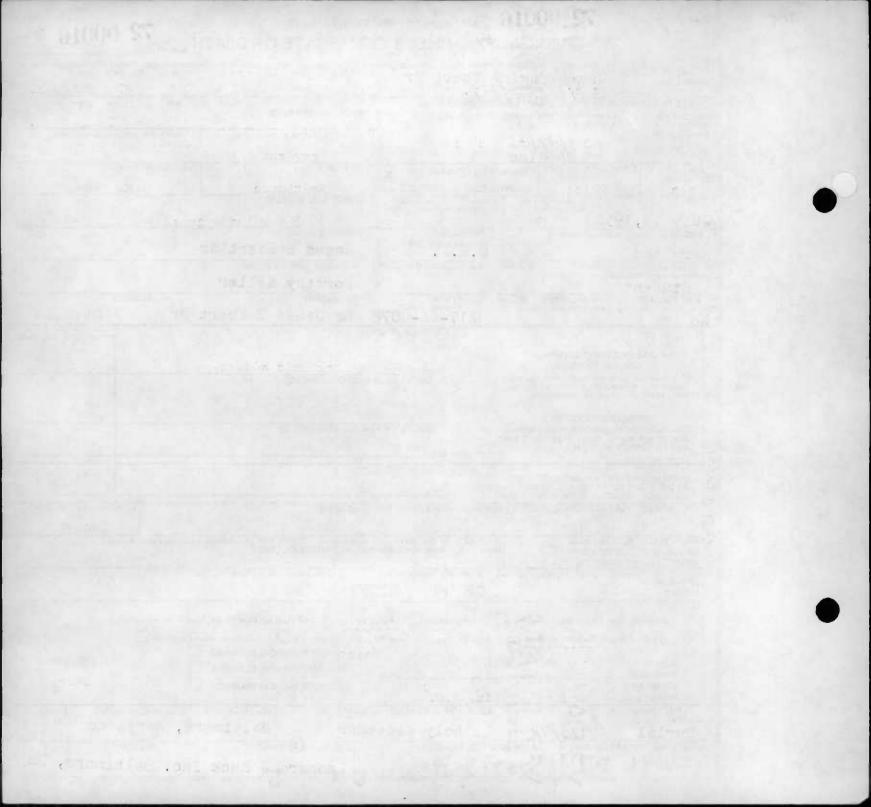
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VS 151-REV. 1/1/68

REMOVAL (Specify)

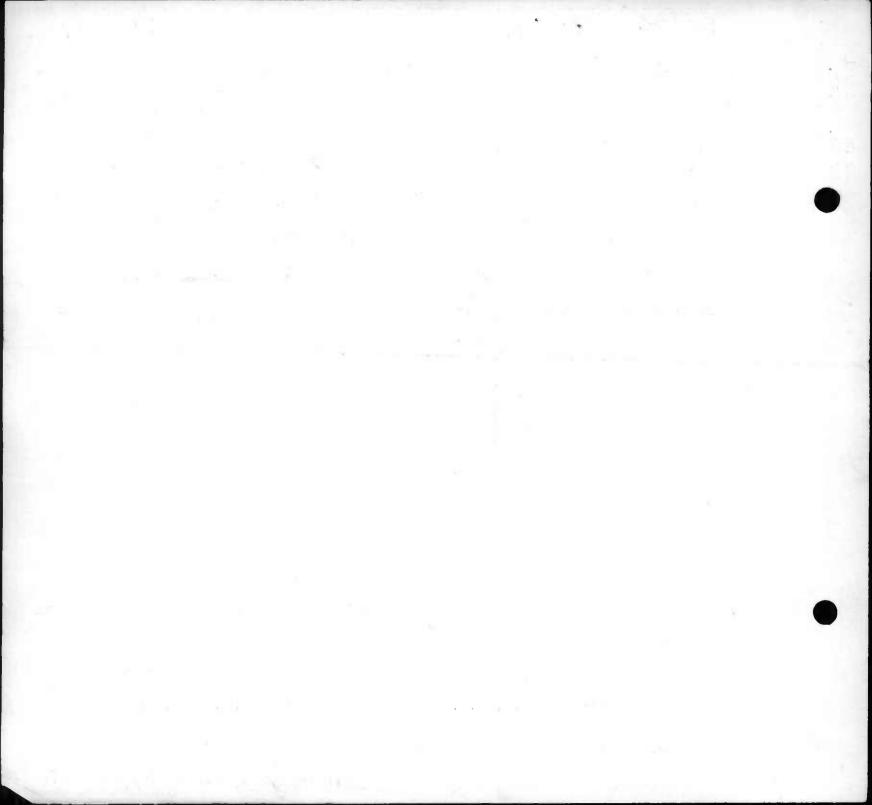
Burial

25A. DATE REC'D BY HEALTH DEPT.



G.	6	,	2 7	2.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
rtificate mus	ly was relea	(1) An accid	O.A. at a ho	ed prior to c	approval m
This cer	the boc	shows:	was D.	decease	written

	3-530 72 0	0017 BALTIMORE CITY CERTIFICA	TE OF DEATH REG. NO.	72 00017			
	PE OF DECEASED PE OF PRINTIPO TOYCE	BENNETT G	REBOS) 2 DATE AND HOUR OF DEATH	1845 p.			
3.	PLACE IN BALTIMORE, MARYLAND, Y		4. USUAL RESIDENCE (Where deceased lived. If inst	itution: residence before odmission)			
H	LL NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	MARYLAND - BALTO CITY 702 C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	THE JOHNS HOPKINS	HOSPTIAL	E. STREET AND NUMBER 2417 Mc ELDERRY	ST.			
5.	FW	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 8 - 29 - 45 Ost birthday!	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
don	e during most of working life, even if refired) WAITRESS	RESTAURANT	11. BIRTHPLACE (Stole or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	CHARCES		MARIE LIE	HECK			
15. (Ye	Was Deceased Ever in U.S. Armed For s, no or unknown) (If yes, give wor or dote	ces? 1 6. SOCIAL	17. INFORMANT	ADDRESS			
	UNKNOUN N	O MUK.	EMMA WILLE - 2335	Williman St.			
	DISEASE OR CONDITION DI LEADING TO DEATH	S I I	ARDIAC ARRIYTHMIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	(This does not meon the mode of heart laiture, asthenia, etc. It means injury or camplication which caused	death.)	A CONSEQUENCE OF:	2 %			
	ANTECEDENT CAUSES	1 A LANGE CONTRACTOR	003/3	2 DAYS			
	DISEASES OR CONDITIONS, il rise la lhe above couse (A) UNDERLYING CONDITION last.	alation that	A CONSEQUENCE OF: HC RENAL FAICURE	10 4 EARS			
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAC	INTURY	4 WEEKS			
RTIFIC	19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING FLOAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	ar obout 21 C. WHERE DID (II In Boltimore	City, give exoct location)			
MED	21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED 21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED While At Not While Auto accided						
	22. 1 certify that (1) (this hospital) attended the deceased from 1972 to 10 AN 1972						
	that (i) (we) lost sow the deceased alive on						
23A. SIGNATURE 23B. DATE SIGNED Attending C Mad. C Supt. C							
	Attending Degree Phys. Director Phys. Jan 72						
	23C. PHYSICIAN'S NAME (Type) GEORGE CURLIN, M.D. 23D. ADDRESS THE JOHNS HOPLINS HOSPITAL						
24.4	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)						
	BURIAL 1-5-72 BALTIMORE CEMETERY BALTO, MD.						
J	AN 4 1972 COMPANY	258. NAME OF REGISTRAR	25C. FUNDRAL DIRECTOR - 2334	Sefferson St.			



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT 72 00018					
BIRTH NO. 72 00018 CERTIFICATE OF DEATH REG. NO.					
1. NAME OF DECEASED (Type or Print)	TAN 2 2nd 1979, 7 25 1				
WHITE GRACE E.	131N 6 - 11W / - 17M				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND GLEN BURNE 108 K. GOVERNOR'S COUR				
INSTITUTION	C. CITY OR TOWN C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO				
GERTIFICATE AMENDE	E. STREET AND NUMBER				
UNION MEHORIAL HOSPITAL 2-2-72	108K GOVERNOR'S COURT 5200				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in yeors lest birthdey) 1 Under 24 Hrs. Months: Deys Hours Min.				
IDA. USUAL O CCUPATION IGIVE kind of work TOB. KIND OF BUSINESS OF INDUSTRI					
done during most of working life, even if refired) NURSE RN.	WEST VIRGINIA U.S.A.				
13. FATHER'S NAME KANT TAYLOR, EXANS	14. MOTHER'S MAIDEN NAME				
WHITE EVANS (D)	DELLA LANCE (D)				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) \$ECURITY NO.	17. INFORMANT ADDRESS				
No Yes World War 11 212-32-1468	Hosp Kecoeds				
18. / 9 9. 0 1 CAUSE OF DEA'	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	USE SARDIAC ARREST 30'MIN.				
(This does not mean the mode of dying, e.g., (A)IMMEDIATE CA	LUSE DARDLAC APREST 30 MIN.				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
	NAW HETASTASIC CANCER 5 YEARS				
(1)	S A CONSEQUENCE OF:				
rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A). 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOFSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH Inotify medical examined	in or about 21 C. WHERE DID (If in Beltimore City, give exect location) office bidg. INJURY OCCURY				
21D. TIME IMonth) IDoy) (Year) (Hour) 21E INJURY OCCURRED While At I Not Wh	21% HOW DID INJURT OCCUR?				
Not While At Not	ilo 🗆				
22. I certify that (1) (this hospital) attended the deceased from	19191919				
that (I) (we) last saw the deceased alive an					
	ys. — Director — Phys. 500				
23C.PHYS/CIAN'S NAME (Type)	23D. ADDRESS				
SLAUGHTER, DONALD M.D. 1010 St. PAUL ST. BALTIMORE, MARYLAND. 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City, town, or county) (Stole)					
REMOVAL (Specify)					
BURIAL 1-5-72 BARBOUR MEMORIAL YARK BELINGTON W. VA-					
JAN 4 1972 Visited C. Nausan, 250. TO WOOK - BROOKS TO WSON, INC. TO WSON MIL.					
VS 150-REV. 1/1/68					

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	7-6/3	72 000	019		HEALTH DEPARTMEN		72	00010
	TH NO.			CERTIFICA				20
	pe or Print)		CODDE		2. DAT	AND HOUR OF DEAT	н	
3.	PLACE IN BAL	EDWARD E.	CORBIN		14. USUAL RESIDENCE (numry 1, 1972 Where deceased lived, If OUNTY	institution;	1:55 A. M. residence before odmission
H	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Maryland c. City or town	Baltimor	e SIDE CITY	5 3 00
				7.	Sparks		YES	
	71	House in the			E. STREET AND NUMBI	ER		3 33
	/ -	Belveder	e		Falls Road	đ		
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Und	er I Yr. If Under 24 Hrs.
11 -	lale	Caucasian	WIDOWED		August 1,189	3 78		1 0013
10/	. USUAL OCCI	JPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	foreign country)	12, CI1	TIZEN OF WHAT COUNTRY?
	Custodi		Tracto	r Manufacture	Maryland			TI C A
13.	FATHER'S NA	WE			14. MOTHER'S MAIDEN	NAME		U.S.A.
	Josep	h Corbin			Amolie m			
15.		Ever in U. S. Armed Fore	ces?	1 6. SOCIAL	Amelia Tu	irner		ADDRESS
(Ye			s of service)	SECURITY NO.				ADDRESS
-	Yes	WW1		217-03-8601 CAUSE OF DEATH	Joseph E. Co	orbin Same	as # 4	
	7	2,4		CAUSE OF DEATH	1			BETWEEN ONSET AND DEATH
		E OR CONDITION DIR	RECTLY		CILA			anti
	(This does not mean the mode of dying, e.g., heart (ailure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:							
	ANTECEDENT CAUSES						100	
	DISEASES OR CONDITIONS, if any, giving (8) AT PLOTICULAR OF THE PROPERTY OF T						alles	
	rise to the	abave couse (A) CONDITION lost.	slaling the	(c)	- CONSEQUENCE OF			/
z	OTHER SIGNIE	[]	ITAINITE IA					
ATIO	TO THE DEATH	ICANT CONDITIONS CON H BUT NOT RELATED TO TH ONDITION GIVEN IN PART	E TERMINAL	***************************************				***************************************
CERTIFICATION	0	OPERATION 198 CONI	ORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING C	FINDING!	S CONSIDERED DEATH?
MEDICAL C	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examined	218. hame etc.)	PLACE OF INJURY (e.g., in B, form, foctory, street, aff	or about 21 C. WHERE Dit	D (If In Boltime	ore City, gl	ve exoct location)
LEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?		
>	(APPROX)		Whil	Not While				
	22. I certify	that (1) (this hospital)			12-12	19_7/ta	1	-/ 10 7 Y
	that (I) (we)	last saw the decease	d alive an	12-31	19.7/ and	that in (my) (our) ap		th occurred an the date
	and haur and	from the causes state	ed abave. (1)	(We) (did) (did not) vi	ew the body after dea	th.		
	23A. SIGNATURE Attending Med. Stoff 23B. DATE SIGNED Attending Director Phys. 1-3-72							
	23C. PHYSICIA		3 00/ 0	DEGREE Phys.	3D. ADDRESS	Phys. L.J	7	3-77
		Leon A. Koo	ckman	DEGREE	7945 steve	uson Kel-	Do	ses Tend
24A	REMOVAL (S	AATION, 248. DATE		ME of CEMETERY OF CRE	MATORY 24E	LOCATION (C	ity, town,	or county) (Stote)
	Burial	1-4-71	Pop	lar Grove Cem	eterv C	ockeysville		Marriand
25A	DATE REC'D	BY HEALTH DEPT.	25B. NAME O		25C. FUNERAL DIREC			Maryland
J	ANA 1	972 Robert E.	Jaille Z.	Mes O D O	an also at a	oks Towson, I	ne	Towson, Maryland
VS	150-REV. 1/1/6	8			19 3004 114	_ two townout, I		LOWSON, MAL Y TAIL

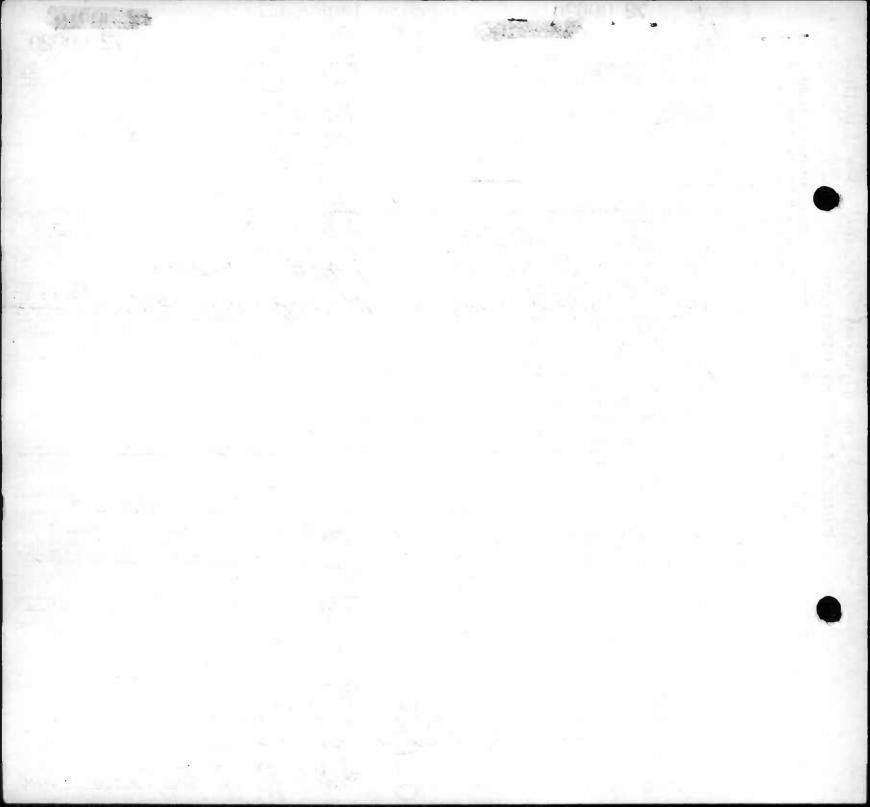
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Canthon 2 Hedical Eraminer FUNERAL DIRECTOR: IMPORTANT Released by

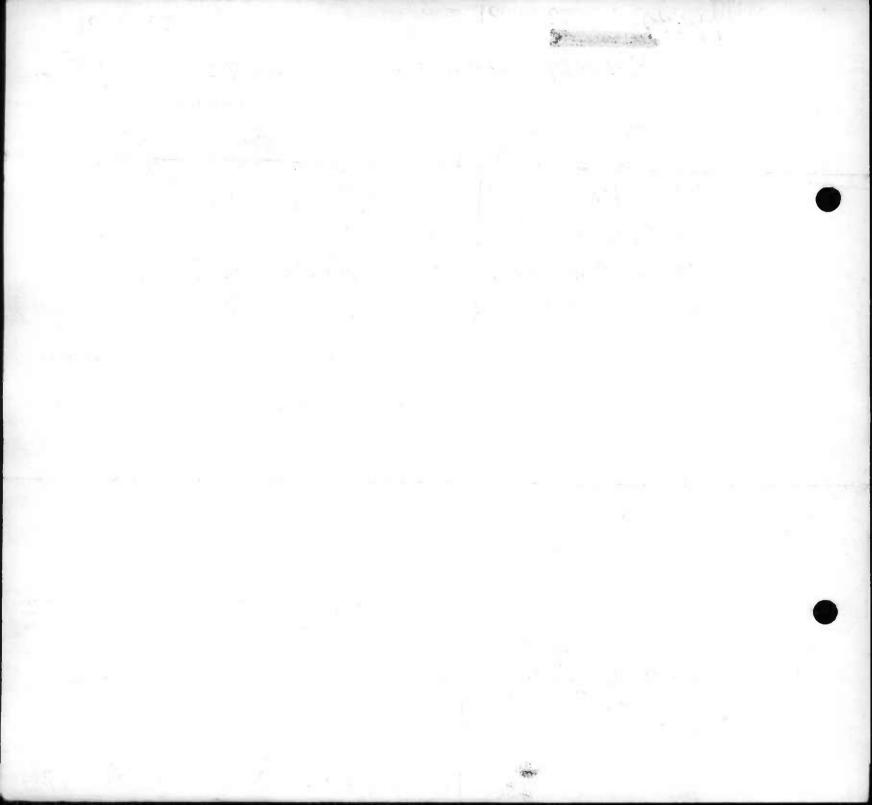
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D BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. CERTIFICATE OF DEATH	72 00020
1. NAME OF DECEASED PUDCE I WILLIAM C. DATE AND HOUR O	F DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION IC. CITY OF TOWN	D. INSIDE CITY LIMITS?
144 The Union Memorial Hospital Baltimore	YES X NO
33 vol à Calvert street. E. STREET AND NUMBER 23 E, 21 St St	
5. SEX 6. RACE 7- MARRIED 8. DATE OF BIRTH 9. AGE (In lost birthdoy)	
MALE WILDOWED DIVORCED & 6/12/22 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. PIRTHPLACE (Slote or foreign country)	24-7
done during good of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U. J. H.
Christopher M. Kurcell ANNA A	grade
15. Was Decembed Every U. S. Armed Forces? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (III, yes, give wor or doles of service) SECURITY NO.	, 6100 n. Chines st.
128/10 WWH 220-05-098/ MY) HANA J. Wing	41 Balto, Med 21212
CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The beautiful to DEATH	sion 29 hrs
healt value asthenia, etc. It means the disease. DUE TO, OR AS A CONSEQUENCE OF:	***************************************
Anti- complication which consed deduty	
ONTECRDENT CAUSES ONE ASSES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	***************************************
1 144 144 114 COVE COURS (AT SIGNING INC	
CC)	•
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
Dec 30 197 Was Performed IN CERTIFE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF in Boltimore City, give exact location)	
DEATH (notify medical examiner)	wore (151 /206
Q 21 D-TIME (Month) (Day) (Year) (Hourd 21E (NILLEY OCCUPATE)	
S (APPROX) Dec 30 (99) 18th While AI Not White & fall (199)	down staus
22 1 45 4 40 444 1 4 40 4 4 4 4 4 4 4 4 4 4 4 4	Jan 1 19/12
that (1) (wa) last sow the deceased alive an 19 72 and that in (my)	(our) optnion death occurred on the date
ond hour and fram the causes stated above. (i) (We) (did) (did not) view the body ofter death.	
	23R DATE SIGNED
23C. PHYSICIAN'S Aftending Med. Stuff Phys. Director Phys.	NAW 1, 1912
TEH-CHING WANG MP 3122 Guilford Au	re Baltimore MD
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (Stole)
During 1417 Volen Haver Men 1 Att Colen Bun	me AA. Md.
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	Olyjan ADDRESS
VS 150-REV. 1/1/68	Home Gar Burne med



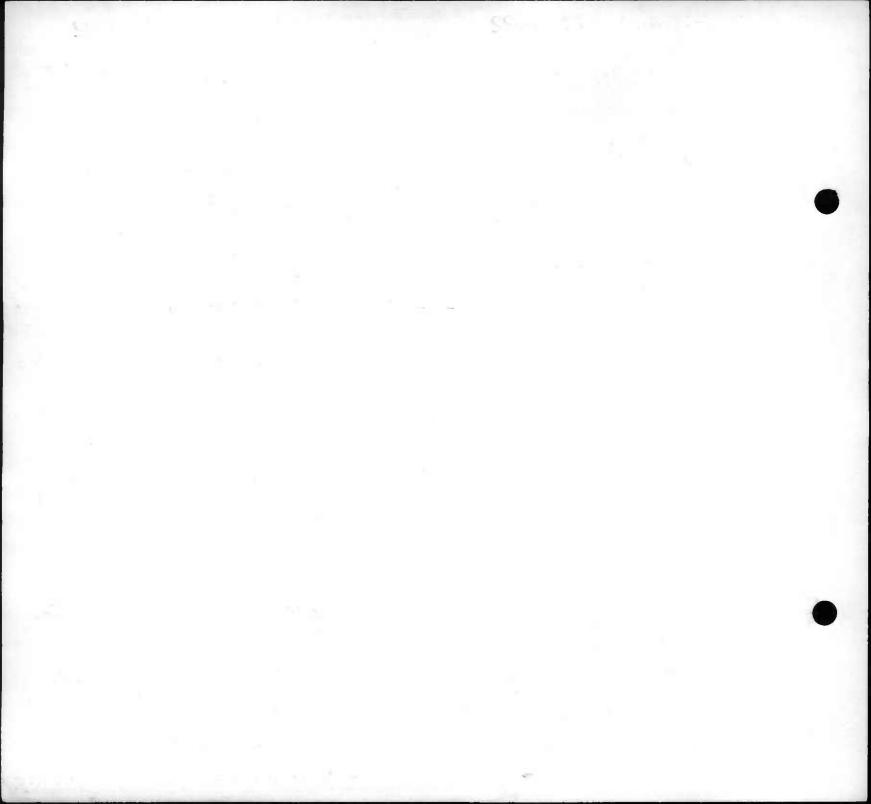
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	1	1-440, 72 0008		HEALTH DEPARTMENT	The second secon	2 000 21
		IAME OF DECEASED	CERTIFICA			
	(Ту	pe or Print) MALOOLY W	ILLIAM.	J-JR 1	AND HOUR OF DEATH	935 AM
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	IA. STATE B. CO	Where deceased lived. II inst	titution: residence before admission)
	FU	LL NAME OF SPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)		C, CITY OR JOWN	Boltwee	DE CITY LIMITS2
1	4	JOHNS HOP	kins Hoss	Bue for	ve I	YES NO D
	[7	33		E. STREET AND NUMBE	Shenea	es fd
	5. :	6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	104	.USUAL OCCUPATION (Give kind of work 108, KIND O		a a la la a q	42,	12. CITIZEN OF WHAT COUNTRY?
	don	e during most of working life, even it refired	hore Co	BALTO	Md	21 S A
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	15	Um. J. MALOOLY	, SR.	ANNA	HIGG	ins
	(Ye	Wos Deceosed Ever in U. S. Armed Forces? In or unknown! Ulf yes, give wor or dotes of service! 1-3-3/10/11-29-54	16. SOCIAL SECURITY NO. 2/5-28-4721	MRS MARGAR	MALOOLY	ADDRESS 4445 Eheneree
1		18. 2 3 8. /1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CEREBRAI	EDEMA	ONE DAY
		(This does not mean the mode of dying, e.g., heart laiture, osthenia, etc. It means the disease, injury ar camplication which caused deoth.!	DATE NO CO AC	CONSEQUENCE OF:		012 9111
		ANTECEDENT CAUSES	BRA	in Tumo	R	14000
		DISEASES OR CONDITIONS, if any, giving rise to the abave cause (Al stoling the	DUE TO, OR AS	A CONSEQUENCE OF:		
		UNDERLYING CONDITION last.	(c)		######################################	***************************************
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	NON	E		
~	2	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION [198. CONDITION FOR \		20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE FIN	NDINGS CONSIDERED
	CERTIF	Dec 30 7/ WAS PERFORMED N	TUMOR	15 Gul	IN CERTIFYING CAUS	SES OF DEATH?
	CAL	21A. ACCIDENT WAS UNDERLYING 21B. home clear CONTRIBUTING CAUSE OF DEATH (notify medical examined NO	PLACE OF INJURY (e.g., in ne, form, factory, street, affi)	ce bidg., INJURY OCCUR	(II in Boltimore	City, give exoct location)
	MEDI	OF INJURY	INJURY OCCURRED		INJURY OCCUR?	
		Wo				
		22. I certify that (i) (this haspital) attended the that (i) (we) lost sow the deceased alive on	he deceased from	10 77	_19 	19 + 2
		and haur and from the couses stated abave. (I	() (We) (did) (did nat) vi			an death accurred an the date
		23A. SIGNATURE		The bady differ addi		38. DATE SIGNED
		23C. PHYSICIAN'S	MD DEGREE Phys.	Director L	Staff Phys.	1/1/72
		NAME (Type) GUNDUZ G	ÚCER 2	30HNS	Hoplains	,
	244	BUNAL CREMATION, 24B. DATE 24C. NA	ME OF CEMETERY OF CREA		0	lown, or county) /(Stote)
	25.4	DURIAL 1-4-12 JA	arkwood		DALY) ML
	ACS	JAN 4 1972 Jabes 258 NAME O	M.O. O.	OLAS FOR	DAHS +Sm 80	802 HARYORD BY
	VS '	150-REV. 1/1/68				



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1/	150	72 000	BALTIMORE CIT	Y HEALTH DEPARTMENT		9 00000
//	652	12 000	CERTIFICA	TE OF DEATH	REG. NO.	@ 00055
BIRTH NO.	F DECEASED				D HOUR OF DEATH	
(Type or Pri		K HAPP	INGTON	I DATE AN	2/19	1 2 25 P
3. PLACE I		ARYLAND, WHERE P		4. USUAL RESIDENCE (When	re deceased lived, If institu	ution: residence before odmission)
FULL NAM HOSPITAL INSTITUTIO	OR ADDR	OT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	C. CITY OR TOWN		CITY LIMITS?
34	(. of m	ld. Hos	P.	E. STREET AND NUMBER	w. Mos	her ST
5. SEX	6. RACE	1	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years I lost birthdox	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.
IOA. USUAL	OCCUPATIONIG	ive kind of work 108, KIN	D OF BUSINESS OR INDUSTR	11. 81R/HPLACE (Stole or lore	ign country)	2. CITIZEN OF WHAT COUNTRY?
done during	most of working lile,			North Car	olina	USA
13. FATHER	'S NAME			14. MOTHER'S MAIDEN NA		
	Cliff F	Harrington	1	Speeny		
15. Was De (Yes, no or un	rceased Ever in U. nknown) (If yes, giv	S Anned Forces?	vice) 16. SOCIAL 25 CURITY NO 868	17. INFORMANT 6 Mr Willie H	arrington,	ADDRESS 2042 Linden Ave
18.	71.9	14-011	GAUSE OF DEA	TH.		APPROXIMATE INTERVAL
		NDITION DIRECTLY				BETWEEN ONSET AND DEATH
/Thin		TO DEATH	(A) IMMEDIATE CA		nia	2 weeks
heori f	failure, asthenia, e	the made of dying, etc. It means the dis	ease, DUE TO, OR AS	A CONSEQUENCE OF:		
Injury		which caused death.)	11 -	LIA	(
		INT CAUSES	(B) Hen	MICloma 3	Lo Cocinn	nosis 2 weeks
		ITIONS, if any, g cause (A) sloting		A CONSEQUENCE OF:	Demojor hay	elin
UNDE	RLYING CONDIT	ION last.	(c) 7088	FIDIE SUD	brachnoid	wals
7		11			1 1 -	
TO THE	E DEATH BUT NOT	NOITIONS CONTRIBUT RELATED TO THE TERMI GIVEN IN PART 1 (A).		Inmary lu	beraulosi	s mos
			FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 208. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
U 21A. A	CCIDENT WAS UN	NDERLYING 7	218. PLACE OF INJURY (e.g.,	1-	(If In Baltimare C	ity, give exoci location)
OR COL	(notify medical ex	AUSE OF Comined	home, form, foctory, street, o		, ooore o	in give exact toconon,
OF INJ		(Doy) (Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPRO			While At Not Whi			
22. 1 c	ertify that (1) (t	his hospital) attend	ded the deceased from	15/17	19.7/ta/	7 10 77
		the deceased alive	/	19 2 9 and the	. /	n death occurred an the date
and ha	our and from the	causes stated aba	ve. (1) (We) (did) (did nat)			
	SHATURE	00			23	B, DATE SJÖNED
	Josep	bap	Dh.	ending Med. Director	Shaff Phys.	1/2/71
23C.64	YSICIAN'S	0 (23D. ADDRESS	11 - 0	1/ 100
Nº	JOSCE	PA SAG	PINGTON,M.	D UT, Md.	HOSP, B,	9LTO, 11101.
24A. BURIA		248. DATE 2	4C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	OCATION (City, 1	own, or county) (State)
Bur	ial (Specify)	1/6/772	Hamlet		th Carolina	
25A. DATE	REC'D BY HEALTH	H DEPT. 258. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS 206 W North Ave
VS 150-REV			750	1		1.01.011 11.46



00053	BALTIMORE CITY HEALTH DEPARTMENT
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72	00053
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12 00053	BALTIMORE CITY	HEALTH DEPARTMENT		72 00023
DIPTU NO.	CERTIFICA	TE OF DEATH	REG. NO	. 4 00050
I. NAME OF DECEASED			AND HOUR OF DEATH	
(Type of Print) IN A RRIV DILER	Asol	Z, DATE	-9 - 77	7 30
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	nere deceosed lived. If in	astitutian: residence before admission)
Cittle MANAGE OF ME MOT IN MANAGEMENT		A. STATE B. COL	INTY	202
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	and a	C. CITY OR TOWN	In 1916	3 6 5
Maryland General 1	Hospital	0 14=		IDE CITY LIMITS?
Maryland Seneral		E. STREET AND NUMBER	Rolling, Hil	Ves No No
42		La lante -	Bocco Pin	- where the
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr., If Under 24 His.
M WIDOWED		11-22-16	lost birthday	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF		11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	1 tman 2	mapulas	/	The state of what cooking
13. FATHER'S NAME	ANI I HATINE	(IMO)(AIN)	0	V.5. 17
O TAIRERS NAME		14. MOTHER'S MAIDEN N.	AME	
GEORGE OVERVICK		CHARA S	LUZ FULCA	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 520
NA	214-12 7781	Fledmas	Krolowet	S Durange 6
18.	CAUSE OF DEATH	-16/1/1/1/	JUGIO NONI	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH		- Carden me	of the	bloom on beat
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE OF:	of the easy	migra surjoicae
heart failure, astheria, etc. It means the disease, injury ar complication which caused death.)				
ANTECEDENT CAUSES	Sec. 1	and a sing?	te.	1 2 4
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	CONSEQUENCE OF:	moneum	rua / weeks
rise to the obove cause (A) stoting the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
UNDERLYING CONDITION last.	(c)			
Z	advance	el ciribra	lvascular	a.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	acute tes	bromie septo	é ulson de	man.
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998, CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or I	IN 208 IF VEC WERE	ENDINGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION WAS PERFORMED WAS PERFORMED	THE OF BOX 110 IT	No	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 1218.	PLACE OF INJURY le.g., in	/	III In Raltimore	e City, give exoct location)
	e, form, foctory, street, offi	ce bldg., INJURY OCCUR?	pr an adminior	City, give exoct locotion
U Mariant Mariant				
S OF INJURY	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	_
(APPROX)	le At Not While			
22. I certify that (4) (this hospital) attended th	e deceased fram	10-22	19 2/ to	1-2 1072
that (1) (we) last saw the deceased alive an	1-2	19 72- and	hat In (my) (abr) cale	nian death occurred an the date
and have and from the causes stated above. (1)	\ (Wa\ (d) (d) \ (d)	and the bade after dead	not in (my) (and opin	ikan dedin occorred an the date
23A. SIGNATURE	(me) (did) taid not) Al	ew the body after death.	•	238, DATE SIGNED
michael P. Buchness	m Specimen Atten	ding Med.	Staff	236 DATE SIGNED
			Phys.	1-2-12-
23C. PHYSICIAN'S NAME (Type)	WD"	BD. ADDRESS	101 1	Hosp Fol
Michael I. Buchn	ESS DEGREE	Maryland	Ameral	" your
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	ME of CEMETERY OF CREA	MATORY 24D.	LOCATION (Cit	y, town, or county) (Stole)
DURIAL 1-6-71 HA	IV FORARW	(Fm /	Dimoto IK	moenland
25A. DATE REC'D BY HEALTH DENT. 258. NOME	REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS 40/
JANA 1972 Jasem C. JANA	4 La C ()	Wash m	Vihrov C	ins low schoo
VS 150-REV. 1/1/68			THE THE	acomo di Cità

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occurred in a hospital

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician with a contribution of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/68

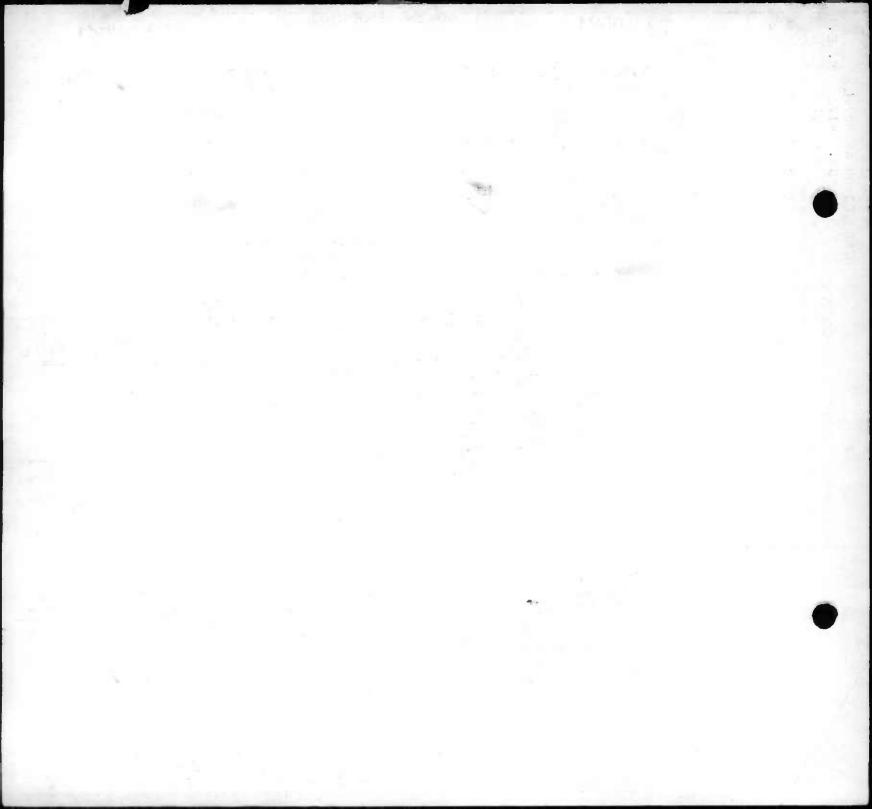
This certificate must be approved by the chief medical examiner or his assistant if death

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BALTIMORE CITY HEALTH DEPARTMENT

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REG. NO	(_	Office	16

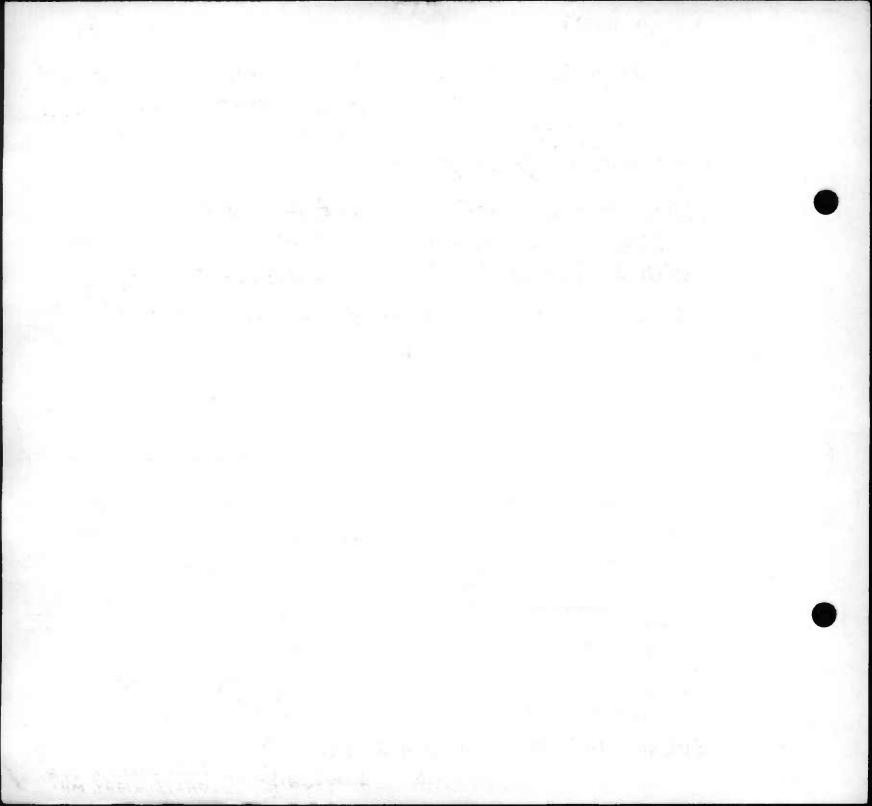
BIRTH NO.	2 00024		CERTIFICA	TE OF DEATH	REG. NO.	72 00024
1.NAME OF D		OHNS	son	2. DATE	AND HOUR OF DEATH	720
3. PLACE IN B	ALTIMORE, MARYLAND, W		•	4. USUAL RESIDENCE (W	here deceased lived, if in	stilution: residence before admission
FULL NAME (HOSPITAL OR INSTITUTION		4 5	UTION, GIVE STREET	C. CITY OR TOWN	Dult 1	MORT 807
33	204ns L	oplan	NS	E. STREET AND NUMBER	MORE	YES NO
5. SEX	6. RACE	WIDOWED		8. DATE OF BIRTH 4-16-23	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
done during most Labore	ot working life, even it refired)	108. KIND OF	BUSINESS OR INDUSTRY	Darlington, S	•	U.S.A.
13. FATHER'S N		N		14. MOTHER'S MAIDEN N LULA HARRI		
15. Was Deceas (Yes, no or unkno	ed Ever in U. S. Armed For wall lif yes, give wor or dote	ces? s of Service)	16-SOCIAL SECURITY NO. 248-14-5694	Mrs. Bertha L		ADDRESS 519 N. Dallas St.
DISEASES	LEADING TO DEATH not meen the mode of e, asthenio, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, H the above cause (A) NG CONDITION last.	the disease, death.)	DUE TO, OR AS	SESPIRATOR A CONSEQUENCE OF: A CONSEQUENCE OF:	y ARRES	1 week
OTHER SIGN TO THE DE DISEASE OR	IIFICANT CONDITIONS CO. ATH BUT NOT RELATED TO N CONDITION GIVEN IN PAR DE OPERATION 192. CON WAS PER	DITION FOR V	WHICH OPERATION	20A-AUTOPSY? (Yes or)	No) 208. IF YES, WERE F	INDINGS CONSIDERED
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF ily medicol exominei	hom	e, form, loctory, street, of	n or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location?
21 D. TIME OF INJURY (APPROX.)	(Month) (Doyl (Yeor)	7/ Whi		21F. HOW DID II		gun steps
	y that (1) (this hospital e) lost sow the decease			Dec 25	19 7 (to 1	1972 Non death occurred on the date
and hour o	nd from the couses stot	ed above. (1	(We) (did) did not) v	lew the body after death		
23A. SIGNA	Junde	Jue	Atte Phys	nding Med.	Staff Phys.	1 1 7 2
23C. PHYSIC NAME	4. (TUC		23D. ADDRESS S	Hous H	aplans.
24A. BURIAL C REMOVAL Burial	1-6-72	Mt	. Calvary Cem		.A. Co., Mary	y, town, or county) (Stote)
25A. DATE REC	IAN 4 1972	BUS E.	Jackey M.B.		W. Jones, Jr.	Avenue 3



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	t be approved by the chief medical examiner or his assistant if death occurred in a hospital a ised to the hospital by a medical examiner. Also, if the direct or contributing cause of decent of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas spital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Su ust be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital a the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dec shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Su written approval must be obtained before the remains are embalmed or final disposition is made.
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	book signature
	his hove
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BALTIMORE CITY HEALTH DEPARTMENT 72 00025 REG. NO. CERTIFICATE OF DEATH BIRTH NO. I NAME OF DECEASED DATE AND HOUR OF DEATH (Type or Print) SCHOEBERIEIN 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C, CITY OR TOWN 4940 Eastern Avenue D. INSIDE CITY LIMITS? Maryland 2124 YES NO E. STREET AND NUMBER 5. SEX 6. RACE MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy WIDOWED ale Caucasian WIDOWED DIVORCED 10A, U SUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY DIVORCED 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland, BALTIMORE, RETIL 14. MOTHER'S MAIDEN NAME LIZABETH 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO. Baltimore, Maryland 21224 216-03-386 BCH_RECORDS 18. CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl foilure, asthenia, etc. Il means the disease, injury ar complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (Al stating the UNDERLYING CONDITION last. (c). 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Bolttmore City, give exoct locglion) MEDICAL DEATH (notify medical examined 21D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At | (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (see last saw the deceased alive an_ ond that in (my) (aur) apinion death occurred on the date ond haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after death. 23 B. DATE SIGNED Attending | Phys. 23C. PHYSICIAN'S 23D. ADDRESS Baltimore City Hospitals NAME (Type) Roland C Einhorn, MD 4940 Eastern Avenue 21224 24A. BURIAL CREMATION, 1248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/68



72 00026

BALTIMORE	CITY	HEALTH	DEPA	PTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No 72	00056

BIRTH NO.		MEL	JICAL I	EXAMINER'S	LEKIIF	ICATE OF	DEAL	H REG. NO	12 0	UUCO	
1. NAME OF DEC	EASED				2. DATE	Known 🔼	Month	Doy	Yeor	Hour	
(Type of Fillin)	P	atrick	Johns	on	DEATH	Estimoled	1	1	72	12:45	AN
4. PLACE IN BAL			_	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPIT.	AL OR INSTITU ATION)	TION, GIVE STREET		RESIDENCE (When	1	1	72	12:45	
43	South B	altimo	re Gene	eral Hospital	A. STATE	Maryland	a deteosed i	B. COUNTY	on; residence	70	5
S. SEX	7. RACE		1	■ NÉVER MARRIED □	C. CITY C	RTOWN		- STATE STORY	CITY LIMITS?		
Male	Negr		WIDOWED			Baltimore			YES 🗵	по 🗆	
9-29-46	n	lost birthd	Mc	Under I Yr. II Under 24 Hrs. oths: Doys Hours Min.	E. SIKEEL	AND NUMBER 1400 Home	stead	Street			
Dalto A		n country)	12,	CITIZEN OF WHAT COUNTRY?	13. FATHE	R'S NAME Clarence	Johnson	n			
Balto, N		a kind of week	DAR MIND O	BUSINESS OR INDUSTR	MIS MOTH			'			
one during most of v	vorking lile, ev	en if relired)		al Motors	is. MOII	Janie Bel		son			
4. WAS DECEAS	ED EVER IN	U.S. ARME	of service)	17. SOCIAL 2 FECURITY NO. 2 T2-42-4013	18. INFO	rmant tricia Joh	nson		ADDRESS Homes to	ad St.	
19.	111	->		CAUSE OF DEA	TH					PPROXIMATE IN	
-			-						RETY	VEEN ONSET AN	ID DEA
	E OR CONDI		CITA		C117	nshot woun	d of h	ead			
	ot meon the		Ing, e.g.,			QUENCE OF:	- 01 11				
Injury or cor	nplication which	h coused de	olh.)								
	NTECEDENT		V 08/11/0	(8) DUE TO OR	AS A CONE	EQUENCE OF:					
RISE TO THE	OR CONDITION	USE (A) STA	TING THE	DUE 10, OK	AS A CONS	EQUENCE OF					
Z UNDERLYIN	NG CONDITI	ON LAST.		(c)							
2		11									
U TO THE DEA	IIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMINA	G L							
20A. DATE OF				R WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes or	No)
0										Yes	
O LINIDEDIVINIO	NAL CAUSE		22E hor	PLACE OF INJURY (e.g., ne, form, foctory, street, office	in or obout bldg., elc.)	INJURY OCCUR?				1	
UTING CA			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	street				rpont A	ve.	101	Section
OF INJURY		oy) (Yea	11:15	WHILE AT - NOT	WHILE -	22F. HOW DID IN	JURY OCC	UR?			
	12 31	71	P., 180		ORK X	Shot by	unkno	wn assa	ilant		
23. 1 cert	ify that I he	eld on 1	ngulry 🔲	Inspection Au	topsy 🛭	and that on t	his basis,	death in m	y opinion		
resul	ted from: N	atural cau	ses 🗌 ,	Apeldent Suleid	lo 🗌 1	lomicide X	Undetermi	ned manner			
	100	00 1	0/1			CHIEF MEDICAL	EXAMINER				
ACTUAL		X/V	X // A		ACC	SISTANT MEDICAL		ī		DATE SIGN	ED
SIGNATI	17		V	M.D	•					1-1-72	
NAME (1		Jornan	II Cod	tz. M.D.	A55	OCIATE MEDICAL	EXAMINER				
4A. BURIAL CREA	MATION. 12	4B. DATE	n. Sbi	4C. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, lov	vn, or county) (Stote	e)
REMOVAL (Special	fy)	1-5-72		Arbutus Memor				re, Mar		, (0.0	
25A. DATE REC'D			25B. NAM	E OF REGISTRAR		FUNERAL DIRECT			ADDRESS		
J	AN4	1972	Assert .	E Narber M.D.	01	Morton & D	yett F	. н. 17	01 Lau	rens St	•
/S 151-REV. 1/1/68	NIS	- 4	- 1		0	" was 42					1

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15	()	0	17	1-0	#

2525	72 00027 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 00027
	I. NAME OF DECEASED (Type or Print) NORMAN HENRY JOHNSON 2. DATE Known Month Day Year Hour Month Day Year Hour Month
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 3. DATE PRONOUNCED DEAD 1 2 1972 1:50 p M.
	OR INSTITUTE TIFICATE AMENDE IS USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odmission) 2302 Koko Lane 1 2 1972 1:50 p. M. Where deceosed lived. If Institution: residence before odmission) B. COUNTY 4 7
	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
	male negro WIDOWED DIVORCED Balto. YES NO DIVORCED STREET AND NUMBER 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Hours Months, Doys Hours Min.
	11-22-1908 63 2302 Koko Lane 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Eastern Shore, Md.
	14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)
	Be the lehem Stee Josephine Johnson 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. SECURI
	Yes Yes 220-09-6842 Norman L. Johnson 2209 Dukeland St. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Fracture of neck
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO, OR AS A CONSEQUENCE OF:
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL Fatty metamorphosis of liver
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes
	222A. EXTERNAL CAUSE WAS UNDERLYING [So CONTRIB. UTION Course of DEATH. 222B. TIME (Month) (Doy) (Yeor) (Hour) 222E. TNJURY OCCURRED 222B. THOW DID INJURY OCCUR? Presumably fell in OF INJURY (APPROX.) 1-1-72 WHILE AT WORK NOT WHILE UNKnown - Found in Dathtub
•	l certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined paper
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED EXAMINER'S ASSOCIATE MEDICAL EXAMINER TO TO THE MEDICAL EXAMINER TO THE SIGNED
	NAME (Type) Russell S. Fisher, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 1-6-72 Arbutus Memorial Park 1-3-72 24D. LOCATION (City, town, or county) (Stote) B'Itimore, Md.
	25A. DATE REC'D BY HEALTH DEPT. JAN 4 1972 Pales E. Janes Monton & Dyett F. H. 1701 Laurens St.
	VS 151-REV. 1/1/68

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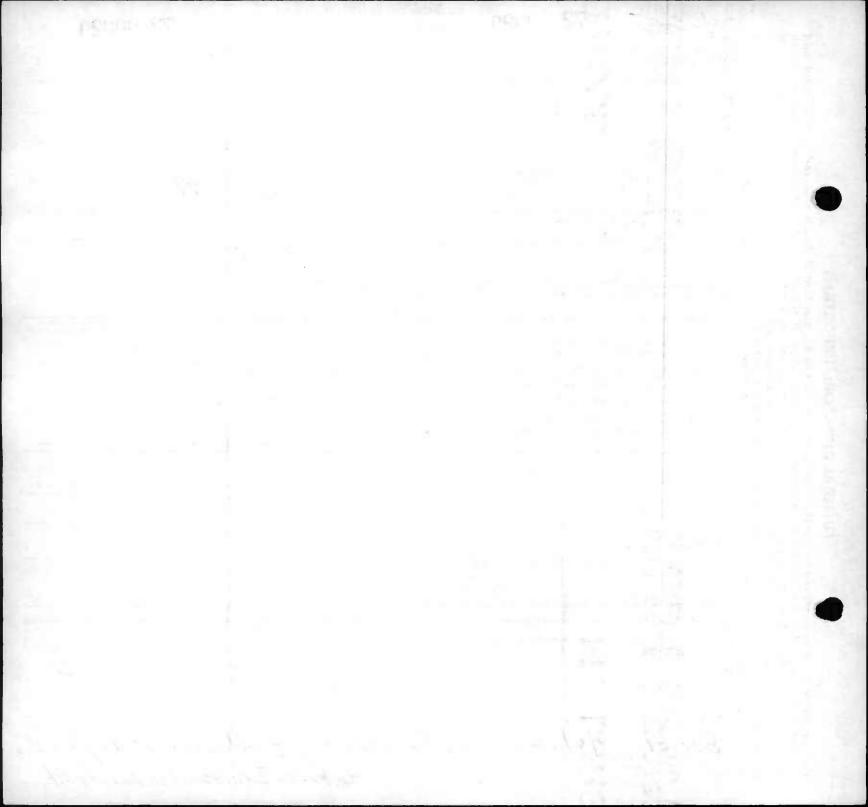
N	452	72 00028 BALTIMORE CITY HEALTH DEPARTMENT 72 00028
. 1	5-6-4-6	BIRTH NO. CERTIFICATE OF DEATH
	and eath ased the Such	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	f d d d d d d d d d d d d d d d d d d d	Williams, Jose on VANDYK 01-03-42 11:45 ALL
	hospi ise o (5) D ance deat	A TELL A TELL A STATE B. COUNTY
	or Se de la Constantina del Constantina de la Co	HOSPITAL OR ADDRESS OR LOCATION) OR OF THE OR ADDRESS OR LOCATION OF STREET C.
	a h caus se; (s	The state of the s
	in a ng cau cause; attend ior to	BON SECOURS HOSPITAL E. STREET AND NUMBER
	D.=_ L.	2110 W. FAIR MONT AVE. 21223
	tribu mine gula sed	3. SEX 6. RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (in years 1 il Under 1 1/4. Il Under 24 Hze
	th occurre contribut letermined in regular eceased p	MA/& B/ACK WIDOWED DIVORCED 08-22-97 Ty
	th c ete	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	S Pit	Retired Clerk Pitshurch PA, U.S.A
	rect (4) U wa the ispos	13. FATHER'S MAIDEN NAME
Z	dir d; (c)	15. Was Deceased Ever In U. S. Armed Forces? 116. SOCIAL 117 WIND MIN WILLIAMS
A	0	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT HAW Will, MARCH ADDRESS
ORTA	されるのに	215 07 7570 START 2110 W. FAIR MOUTH
	# 200 L	CAUSE OF DEATH APPROXIMATE INTERVAL
MP	iner or hi ner. Also acture of pronoun ular atter mbalmed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
=		A ALLEGA AND A LINE OF THE AND A CONTROL OF THE AND
ä		(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE FOR AS A CONSEQUENCE OF: (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IMMED
CTOR		ANTECEDENT CANCES
2	A A S S	DISEASES OR CONDITIONS, if any, giving (B) ANGLANDICE FLANT MILES JEMAN DUE TO, OR AS A CONSEQUENCE OF:
IRE	S 5.7 3.9 6 6	rise to the above cause (A) stoting the UNDERLYING CONDITION tast. (C)
10	medical nedical burns; physicia an was remain	
RAL	C 0 5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNER	Body the Rysicie	TYA-DATE OF OPERATION THE CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
5		U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, affice bidg., INJURY OCCUR? (II in Boltimore City, give exact location)
_	ved by the hospital b nature; (2) ept where d (6) No pt nined beforeined	OR CONTRIBUTING CAUSE OF Colory, Street, office bidg., INJURY OCCUR?
	d by	DEATH (notify medicof examined) Colory, street affice bidg., INJURY OCCUR?
	hos natu cept d (6)	(APPROX.) While At Work At Work
-	an y and bt	22. I certify that (I) (this hospital) attended the deceased fram 0 1/01/12 19 ta 01/03/ 19 72
	of a column of a c	that (i) (we) last saw the deceased alive an 6/63 19 72 and that in (my) (aur) apinian death accurred an the date
		and have and from the causes stoted abave. (1) (We) (did) (did not) view the bady after death.
	dent dent lospi dea must	23A. SIGNATURE 23B. DATE SIGNED
	E 0 0 n + 0	Attending Med. Staff 1/3/72
	was r An a L at o prior	23C-PHYSICIAN'S NAME (Type) 23D. ADDRESS
	certificate body was r rs: (1) An a D.O.A. at assed prior ten approv	PHANCELING F ACBUENTE, MD TOBER PORT - Su DUNAN ON 21061 24A. PHRIAL CEMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY / 24D. ADCATION / (City, towns of county) (Store)
	E = 00 - 1	Specifyl (Specifyl)
	This ce the boo shows: was D. deceas	25A-BAYE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	This the Ishov was dece	JANA MIZ VELENE E, Valley MD.
		VS 150-REV. 1/1/68

1/21/72 - Correction form from funeral director.

Ags c

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

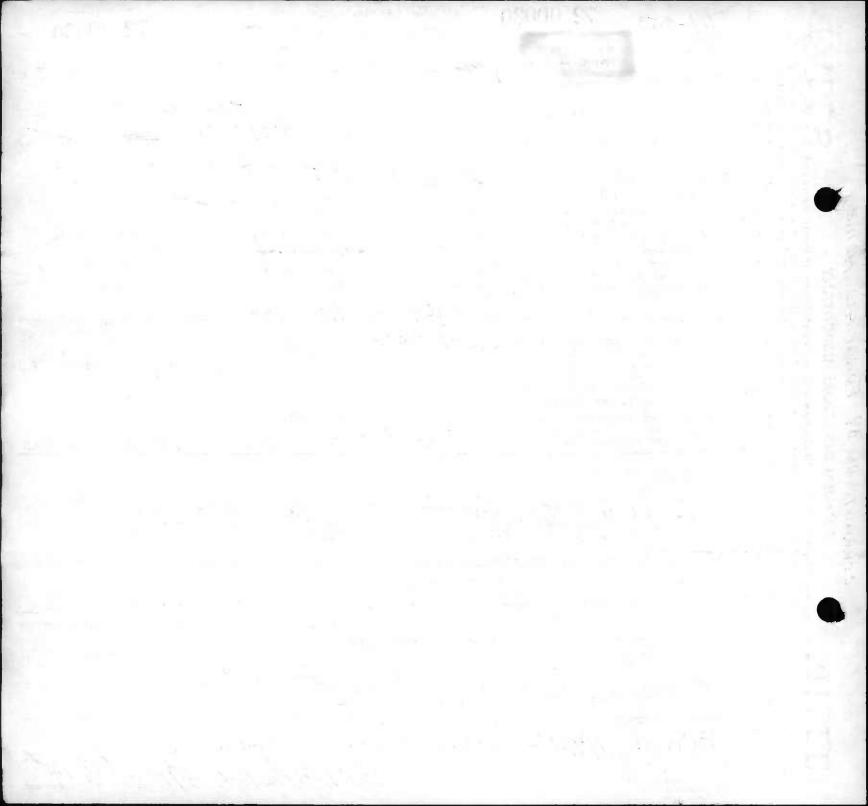
. /		- 77	00000	BALTIMORE CITY	HEALTH DEPARTMENT	1	NO. 000-11
BIRTH	NO.		00029	CERTIFICA	TE OF DEATH	REG. NO.	72 00029
Type o	or Print)	LIZEBETH	-L. V	ANSANT	2 5	anuary 19:	1 1419
3. PLA	CE IN BALT	MORE MARYLAND, W	HERE PRONOU	NCED BEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNT		stitution: residence before admission)
HOSPI	NAME OF TAL OR UTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	ATION)	TION, GIVE STREET	c. CITY OR TOWN	D. INSI	A 5 200
Ch	urch	Home & Ho	Spital.	2	Baltimos	2	YES NO .
3.	5100	OV. Broad	way k	Baltimore Mp		ayland R	
5. SEX Le	neale	6. RAGE White	WIDOWED	NEVER MARRIED DIVORCED	. 20 OCC050 F12	ost birthday	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
		PATION (Give kind of work orking like, even if refired)	IOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	in coupling)	12. CITIZEN OF WHAT COUNTRY?
1	touse	1 /			MID		4.3.3
13. FA1	HOW W	ard Asv	rold		14 MOTHER'S MAIDEN NAM Margar		6:14
15, Wes	or unknown)	Ever in U. S. Armed For III yes, give war or dold	ces? is of Service)	16. SOCIAL SECURITY NO. 215 146642	Wilbur Va	u Sant CHurba	SS62, Saylard
18.	22	5701	,	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DE	RECTLY		O d De	1 / 2	1. I say
ITI	his does no	t mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	rating fair	me in f.
he	eart failure, cl jury or comp	isthenia, etc. It means dication which caused	the disease,			U	
	A	NTECEDENT CAUSES		m Svain	Lymony (H	(mintiona)	4 monks
		R CONDITIONS, If		DUE TO, OR AS	A CONSEQUENCE OF:	**************************************	, , , , , , , , , , , , , , , , , , , ,
		condition last	stating the	(c)			
		The state of the s			- 0		0440
0 01	HER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING	Brain	Swelling		one mon
□ DI:	SEASE OR CO	OPERATION 198 CON	T 1 (A).	HICH OPERATION	[20A. AUTOPSY? (Yes or No	208. IF YES. WERE I	FINDINGS CONSIDERED
		WAS PER	PORMED to			IN CERTIFYING CAL	USES OF DEATH?
_ 01	A ACCIDEN	T WAS UNDERLYING TINO CAUSE OF medical examined	1218	PLACE OF INTURY IS OF	n or about 21 C. WHERE DID	(If In Boltimore	e City, give exact lecation)
D 21	D. TIME	(Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID (NJ	URY OCCUR?	
Z (A	PPROX.)		Whit	Not While	· 🗆		
22	. I certify	that (I) (this hospita	I) attended th	e deceased from	19 octobe 1	9 2) to 2n	d. January 1972
11		lost sow the decease		2 Lanuar	19 7 2 and the	ot In(my) (our) opin	nion death occurred on the date
on	nd hour and	from the couses sta	ted above. (#	(We) (did) (did not)	lew the body after death.		
23	A. SIGNATU	RE A A I O I -					23 B. DATE SIGNED
		417. UL		DEGREE Phy	nding Med. Director	Staff Phys.	1/2/1/
23	C. PHYSICIAL NAME IT	POD ASHW.	IN. MI	EHTAND	23D. ADDRESS		
24A. 8	IURIAL CREA	MATION, 248, DATE	24C.NA	ME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (C)	ty, town, or county) (State)
B	17191	1/6/-	72 Lou	Idon Fari	«Comptern R	altimore	mariland
25A.		BY HEALTH DEPT.	258. NAME O	FREGISTRAR	25C. FUNERAL DIRECTOR	-	ADDRESS
91	4114	1972 Vale 8	A Jako	AS	Habrosel	NC13281	ulphur Spart
	0-REV. 1/1/6	68					



Home FUNGRACI CORRECTIONS BY

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

M 25 72 0003	BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO.		TE OF DEATH X REG. NO	72 00030			
(Type or Print)	A	2. DATE AND HOUR OF DEATH				
MERCHO			10625AM			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNTY	45000			
FULL NAME OF HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET		UORE SIDE CITY LIMITS?			
25 CHUREHHOM	= & HOSP.	E. STREET AND NUMBER	NO A			
		2 12 Ley wa	ey. 2/22			
5. SEX 6. RACE 7. MAR WIDO	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In yours lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired) Grapher pecials a		TENN.	AMER			
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME				
	ACAAM.	MARY BLLE	N RUPPIN.			
15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wor or dotes of sen	icel SECURITY NO.	17. INFORMANT	ADDRESS			
118, 21 F4 / 1	CAUSE OF DEAT	HOSPITAL	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY	912-10-429	2	BETWEEN ONSET AND DEATH			
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE Carolio respondence A CONSEQUENCE OF: Low W	P Golover			
heart failure, asthenia, etc. It means the disc	DUE TO, OR AS	A CONSEQUENCE OF: For the	re!			
injury or complication which caused death.) ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************			
rise to the above cause (A) stating UNDERLYING CONDITION last.		west acros aneury	m. 5 days			
11			,			
O THE DEATH BUT NOT RELATED TO THE TERMI						
OISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	21. 20A. AUTOPSY? (Yes or No!) 20B. IF TES, WERE	FINDINGS CONSIDERED			
12.27.71 WAS PERFORMED	Robbine	IN CERTIFYING CA	USES OF DEATH?			
OR CONTRIBUTINO CAUSE OF	218. PLACE OF INJURY (e.g., ir home, farm, loctory, street, of	n or about 21 C. WHERE DID (If In Baltiman INJURY OCCUR?	re City, give exact location)			
210-TIME (Month) (Doy) (Year) (House	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX)	While At No! While Work					
22. I certify that (I) (this haspital) attend	ed the deceased from	2 · 2 - 1 19 7/ ta	197)			
that (1) (we) last saw the deceased alive an						
and haur and fram the causes stated above	re. (+) (We) (did) (did not) vi	lew the bady after death.				
23A. SIGNATURE AMELLO	Min	J	23 B. DATE SIGNED			
	DEGREE Phys		1/1/72			
23C. PHYSICIAN'S NAME ITYPO)	EROLD.	CHURCH HOMBE	11031			
24A. BURIAL CREMATION, 24B. DATE	C. NAME OF CEMETERY OF CRE		ity, town, or county) ; (State)			
BURIAL 1/4/1972	7.	DGE BALTO, G	o. md			
25A. DATE AFC'D BY HEALTH DEFT. 258, NA. 972 Jahran E. 3		25C. FUNERAL DIRECTOR PROCESS	Level Me			
V\$ 150-REV. 1/1/68		the literated				



hospital

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the chief medical examiner or his assistant if

by

approved

certificate

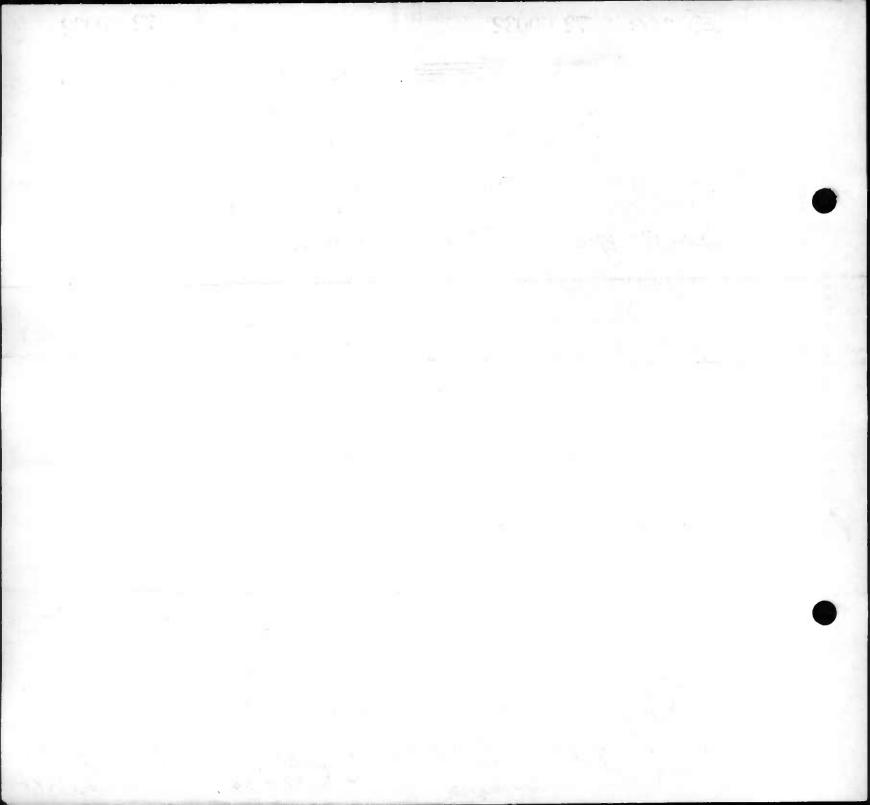
This

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH of death (4) Undetermined cause; (5) Deceased Suci Carpino GIUSEPPE A. CARPINO I. NAME OF DECEAS 2. DATE AND HOUR OF DEATH (Type or Print) LO USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE deat ance B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION ILE NOTE IN HOMETAL OR INSTRUMENT, MANASTREET ADDRESS OF LOW AHOM contributing cause Baltimore Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS attend 0 Baltimore City Hospitals /-21-2 NOXX DUNDALK YES prior E. STREET AND NUMBER 4940 Eastern Avenue Baltimore, Maryland 21224 1907 Madison Road 21222 was in regular mad 5. SEX 8. OATE OF BIRTH 9. AGE (In years lost birthdoy) Il Under 1 Yr. If Under 24 Hrs. deceased Ooys Hours Male Caucasian 05 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if refired) the direct or GENERAL MISCEL U. S.A. WORK 13. FATHER'S NAME the YALATO death 6 15. Was Deceased Ever in U. S. Armed Forces? [Yos, no of unknown] lit yes, give war or dates of service! 17. INFORMANT 6. SOCIAL or final 4940 Eastern Avenue SECURITY NO. attendance BCH RECORDS: -8378 Baltimore, Maryland21224 any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed fracture of LEADING TO DEATH (This does not mean the mode of dyling, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, astheria, etc. It means the disease, 10 injury or complication which caused death.) regul ANTECEDENT CAUSES who 910 4 DUE TO. OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If any, giving rise to the obove cause (A) stating the ල physician UNDERLYING CONDITION lest the remains MOS burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYT (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the O Yes before to the hospital by OR CONTRIBUTING CAUSE OF 3 21& PLACE OF INJURY (e.g., in or about 21C. WHERE OLD home, farm, factory, street, office bldg., INJURY OCCUR? (It in Baltimore City, give exact location) where °Z MEDICAL DEATH Inotity medical examined any nature; 21D. TIME OF INJURY be obtained (Month! |Doy) (Year) (Hough 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except Not While While At IAPPROXI and At Work Work Jan-Jan 22. I certify that (1) (this heaptical) attended the deceased from death); that (1) (we) lost saw the deceased alive on. ond that In (my) (opinion death accurred on the date 90 hospital released must and hour and from the couses stated above. (1) (We) (did) (did-not) view the body after death. accident 23A. SIGNATURE 23B. DATE SIGNED Attending ___ Med. 2 approval 0 23C. PHYSICIAN'S 23D. AODRESS prior to WOS An TENITONE D.O.A. 24A. BURIAL CREMATION, pespese 24D. LOCATION (City, town, or the body REMOVAL (Specify) shows: 20 258. NAME OF 50 FUNERAL DIRECTOR U VS 150-REV. 1/1/68

1-21-72 - Letter from Baltimore City Hospitals - (Mrs.) Helen Fisher
Supervisor, Information Center

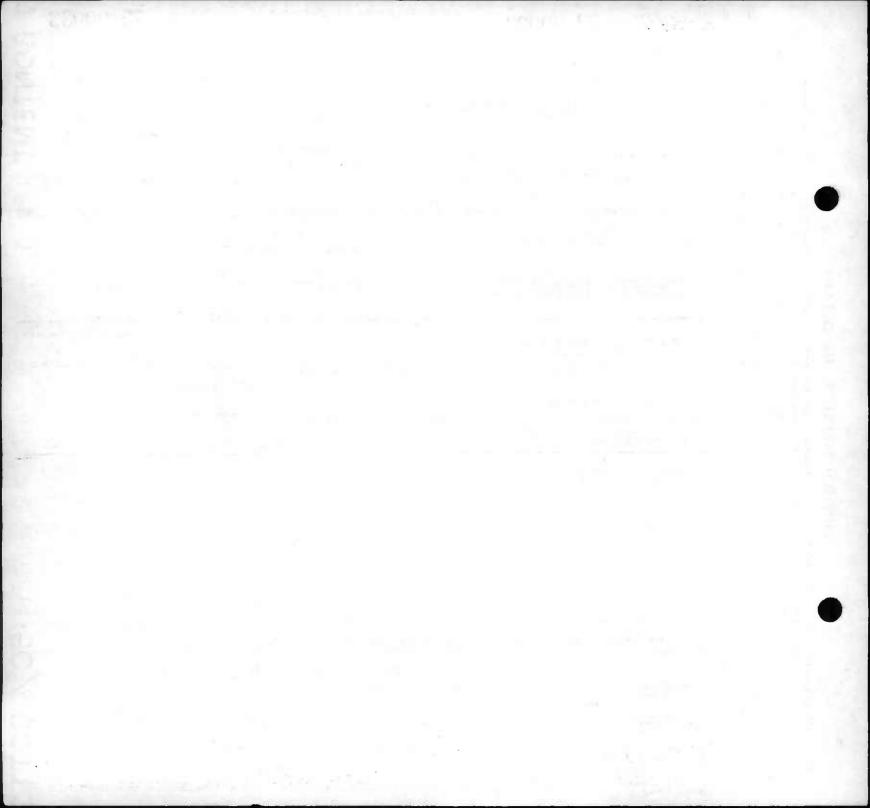
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Z-260 72 00032 BALTIMORE CITY HEALTH DEPARTMENT 72	00032
BIRTH NO. CERTIFICATE OF DEATH	
1. NAME OF DECEASED	
Type or Print) ZUCKER, ISSAC 28AAC 0650 1272	
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, it institution:	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ADDRESS OR LOCATION)	5100
[CCITY OR TOWN D. INSIDE CITY	LIMITS?
I COMINSCITAD TEST	NO 🗌
Combore & Green's Sts 145 BATILMORE ST	
WIDOWED DIVORCED III	der 1 Yr. If Under 24 Hrs. Boys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. HRTHPLACE (Stote or foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
1 A. Marian Mari	754
13. FATHER'S NAME (14. MOTHER'S MAIDEN NAME	
Abraham Zucker Vetta Problem To	
15. Was Deceased Ever in U. S. Armed Forces? (Tes,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ADDRESS
11/0C 1947 (15)	
18. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY . RENAL FOLLORS & GREMMIA	BETWEEN ONSET AND DEATH
	141NC
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	1000
ANTECEDENT CAUSES MITCHSTATIC ademo COON	12 100
(8)	21/10
ise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	
(9/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	*********
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Tes of No.) 20B. IF YES, WERE FINDING	S CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Tes of No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	DEATH?
U 21A. ACCIDENT WAS UNDERLYING 228. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR?	ve exoct location)
21D. TIME (Month) 1Doy) (Year) (Hour) 21E. INJURY OCCURRED 2(F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work	
22. I certify that (1) (this hospital) attended the despased from 17 5 19 7 to	1972
that (1) (we) last saw the deceased alive on 19 and that in (my) (our) opinion dec	
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
	TE SIGNED
Attending Med. Director Director Phys.	Vint?
23C. PHYSICIAN'S HAME (Type) 23D. ADDRESS 23D. ADDRESS	1011-
I to ward is order	HK
24A. BURIAL CREMATION, 24B. DATE 24C. NAME & CEMETERT OF CREMATORY 34D. LOCATION (Qity, town,	or county) (Stote)
EMOVAL (Specific)	140
25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR	egany Mix
JAN4 1972 Par & F. J. O	ADDRESS MAC
VS 150-REV- 1/1/68	- / · Co · I VVC



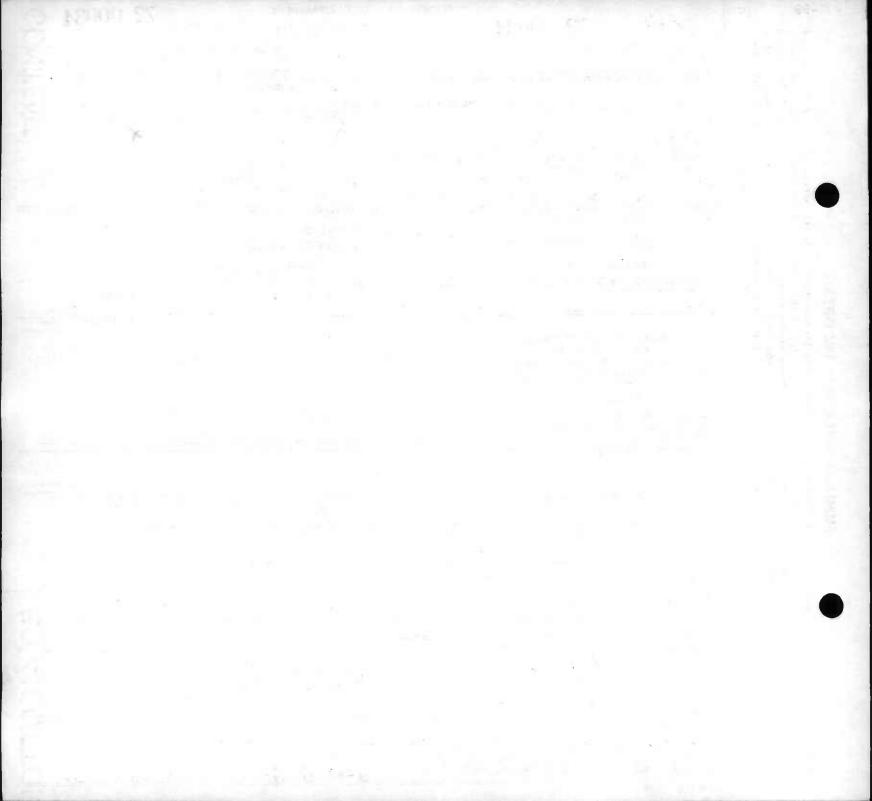
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1 2	4-340	72 000	33		HEALTH DEPARTMENT	V	72 00033
819	RTH NO.	() () ()	00	CERTIFICA	TE OF DEATH	REG. NO.	
1.1	NAME OF DECEASED .				2. DATE ANI	HOUR OF DEATH	
				RS. RUTH	1.	72	13.05A M
3.	PLACE IN BALTIMORE, M	ARYLAND, WHER	E PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: residence before odmission)
He	ILL NAME OF (IF NO SPITAL OR ADDR	OT IN HOSPITAL CRESS OR LOCATION	OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN DONN	DALE D. INSID	E CITY LIMITS?
N	5 CAURCH	Home ,	t Ha	PITAL	E. STREET AND NUMBER	ESKY PA	exerally
5.	SEX 6. RACE	7. N	MARRIED [NEVER MARRIED	1	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	1- 0		DOWED		1.9.03	68	
104	LUSUAL OCCUPATION (G to during most of working life,	ive kind of work 10B,	KIND OF	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
Gon	House a			_	KANSAS.		AMBR.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAM	E	
	JOHN				MARYI	VICHOZA	J.
15. (Ye:	Was Decoased Ever in U. s, no ar unknown) (If yes, giv	Armed Forces? re war or doles of	service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		m		214 18 002	2 Flores HEGINEV	BROKEN COM	POINTED
	18. 174X	1		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR COL	NOITION DIRECT	LY		Cando		~
	(This does not mean the	he mode of dyin	ng, e.g.,	DUE TO, OR AS	SE CA TOLO A CONSEQUENCE OF:	reporate	my 7-10day
	heart failure, asthenia, e injury or complication w	hich caused deat	th.)		6	feulure	
	ANTECEDE	NT CAUSES		400			
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS				A CONSEQUENCE OF:		
	rise to the above UNDERLYING CONDITI	cause (A) stati	ing the		Date Care	cinoma or	1 7 moncer
		11		(C/assauch St. Foresco			
					hand		
NOIL	OTHER SIGNIFICANT CON TO THE DEATH BUT NOT	RELATED TO THE TE	RMINAL	***************************************	bream	adi (iii)	2 1
<u>V</u>	OTHER SIGNIFICANT CON TO THE DEATH BUT NOT DISEASE OR CONDITION (19A. DATE OF OPERATION	RELATED TO THE TEN GIVEN IN PART 1 (A N 198 CONDITIO	RMINAL A). ON FOR WI	HICH OPERATION	***************************************	208. IF YES, WERE FIN	IDINGS CONSIDERED
RTIFICA	TO THE DEATH BUT NOT DISEASE OR CONDITION (19A-DATE OF OPERATION	RELATED TO THE TEI SIVEN IN PART 1 (A N 198 CONDITIO WAS PERFORM	RMINAL A). ON FOR WI	HICH OPERATION	20A AUTOPSY? (Yes or No)	***************************************	IDINGS CONSIDERED
CAL CERTIFICA	TO THE DEATH BUT NOT DISEASE OR CONDITION	RELATED TO THE TEI GIVEN IN PART 1 (A N 19th CONDITION WAS PERFORM NDERLYING A LUSE OF	RMINAL A). ON FOR WE MED	LACE OF INJURY (e.g., in	***************************************	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
EDICAL CERTIFICA	TO THE DEATH BUT NOT DISEASE OR CONDITION (1994. DATE OF OPERATION OF CONTRIBUTING CAPEATH (notify medical except of the contribution of the contr	RELATED TO THE TEI GIVEN IN PART 1 (A N 19th CONDITION WAS PERFORM NDERLYING A LUSE OF	RMINAL A). DN FOR WI AED	LACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No.)	208, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
CAL CERTIFICA	TO THE DEATH BUT NOT DISEASE OR CONDITION (19A. DATE OP OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CADEATH (notify medical ex-	RELATED TO THE TEI GIVEN IN PART I (A N 198 CONDITIO WAS PERFORM NDERLYING AUSE OF comined	RMINAL A). DN FOR WI AED	LACE OF INJURY le.g., ir farm, foctory, street of	20A. AUTOPSY? (Yes or No) n or obout 21C, WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU	208, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
MEDICAL CERTIFICA	TO THE DEATH BUT NOT DISEASE OR CONDITION (19A-DATE OP OPERATION OF CONTRIBUTING CAPEATH (notify medical except of injury (APPROX.)	RELATED TO THE TESTVEN IN PART 1 (AN 198 CONDITION WAS PERFORM IDERLYING AUSE OF aminet) Day) (Year) (Ho	RMINAL A). DN FOR WINAED 218, Pinome, etc.) Out 21E, It White Work	LACE OF INJURY (e.g., ir farm, foctory, street of	20A. AUTOPSY? (Yes or No.) or obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE FIN IN CERTIFYING CAUS (If In Boltimore (ADINGS CONSIDERED ES OF DEATH? City, give exact location)
MEDICAL CERTIFICA	TO THE DEATH BUT NOT DISEASE OR CONDITION (19A-DATE OP OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical ex-	RELATED TO THE TESTVEN IN PART 1 (AN 198, CONDITION 198, CONDITION WAS PERFORM INDERLYING DAY) (Year) (Homeon 199) (Year) (Year) (Homeon 199) (Year) (Y	RMINAL A), DN FOR WINAED 218 P home, etc.] oud 21E II White Work	LACE OF INJURY (e.g., ir farm, foctory, street of NJURY OCCURRED At Not While At Work deceosed fram	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE FIN IN CERTIFYING CAUS (If In Boltimore (IDINGS CONSIDERED ES OF DEATH? City, give exact location)
MEDICAL CERTIFICA	TO THE DEATH BUT NOT DISEASE OR CONDITION (19A-DATE OP OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CAPROXI 21D. TIME (Month) (APPROXI) 22. I certify that (I) (till that (I) (we) last saw (II)	RELATED TO THE TESTIVEN IN PART 1 (AN 198, CONDITION WAS PERFORM IDERLYING DAY) (Year) (Howard of the Market of t	RMINAL A), DN FOR WHAED 218 P home, etc.) 218 I While Work rended the	AT NOT While At Work	20A. AUTOPSY? (Yes or No.) 1 or obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJU 12 - 20 - 19 19 7/ ond that	208. IF YES, WERE FIN IN CERTIFYING CAUS (If In Boltimore (ADINGS CONSIDERED ES OF DEATH? City, give exact location)
MEDICAL CERTIFICA	TO THE DEATH BUT NOT DISEASE OR CONDITION (19A-DATE OP OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CAPROXI 21D. TIME (Month) (APPROXI) 22. I certify that (I) (till that (I) (we) last saw (II)	RELATED TO THE TESTIVEN IN PART 1 (AN 198, CONDITION WAS PERFORM IDERLYING DAY) (Year) (Howard of the Market of t	RMINAL A), DN FOR WHAED 218 P home, etc.) 218 I While Work rended the	AT NOT While At Work	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE FIN IN CERTIFYING CAUS (If In Boltimore of the Court of the Cour	IDINGS CONSIDERED ES OF DEATH? City, give exact location)
MEDICAL CERTIFICA	TO THE DEATH BUT NOT DISEASE OR CONDITION (19A-DATE OP OPERATION) 21A. ACCIDENT WAS UN OR CONTRIBUTING CAPEATH (notify medical ex (APPROX.) 22. I certify that (I) (till that (I) (we) last saw and hour and fram the 23A. SIGNATURE	RELATED TO THE TESTIVEN IN PART 1 (AN 198, CONDITION WAS PERFORM IDERLYING DAY) (Year) (Howard of the Market of t	RMINAL A), DN FOR WHAED 218 P home, etc.) 218 I While Work rended the	LACE OF INJURY (e.g., ir farm, foctory, street, off NJURY OCCURRED At Not While At Work deceosed fram (We) (did) (did nat) vi	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJU 12 20 19 19 71 ond that lew the bady after death.	208, IF YES, WERE FIN IN CERTIFYING CAUS (If In Boltimore of the control of the	DINGS CONSIDERED ES OF DEATH? City, give exact location) 19 7 2
MEDICAL CERTIFICA	TO THE DEATH BUT NOT DISEASE OR CONDITION (19A-DATE OP OPERATION 21A-ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medicol ex 21D-TIME (Month) (APPROX.) 22. I certify that (I) (t) that (I) (we) last saw and hour and fram the	RELATED TO THE TESTIVEN IN PART 1 (AN 198, CONDITION WAS PERFORM IDERLYING DAY) (Year) (Howard of the Market of t	RMINAL A), DN FOR WHAED 218 P home, etc.) 218 I While Work rended the	AT DEGREE OF INJURY (e.g., irr farm, foctory, street of off) NJURY OCCURRED At At Work deceosed fram DEGREE Phys	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJU 1 2 2 0 19 19 7 1 ond that lew the bady after death. Adding Med. S Director P	208. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore of the second	DINGS CONSIDERED ES OF DEATH? City, give exact location) 19 7 2 on death occurred on the date 3B. DATE SIGNED
MEDICAL CERTIFICA	TO THE DEATH BUT NOT DISEASE OR CONDITION (19A-DATE OP OPERATION) 21A. ACCIDENT WAS UPOUR CONTRIBUTING CAPEATH (notify medical extension of injury (APPROX.) 22. I certify that (I) (that (I) (we) last saw and hour and fram the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	RELATED TO THE TESTIVEN IN PART 1 (AN 198, CONDITION WAS PERFORM IDERLYING DAY) (Year) (Howard of the Market of t	RMINAL A), DN FOR WI AED 218 P home, etc.) 218 I White Work rended the live on libave. (i)	LACE OF INJURY (e.g., ir farm, foctory, street, of NJURY OCCURRED At Not White At Work deceosed fram (We) (did) (did nat) vi	20A. AUTOPSY? (Yes or No) It or about 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJU 12 20 19 19 71 and that lew the bady after death. Iding Med. Procedure Proc	208. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore of the Boltimor	DINGS CONSIDERED ES OF DEATH? City, give exact location) 19 7 2 on death occurred on the date 3B. DATE SIGNED 1 1 7 7 2 O S P 1 7 A (
MEDICAL CERTIFICA	TO THE DEATH BUT NOT DISEASE OR CONDITION (19A-DATE OP OPERATION) 21A-ACCIDENT WAS UN OR CONTRIBUTING CAPEATH (notify medical except of injury (APPROX.) 22. I certify that (I) (till that (I) (we) last saw and hour and from the 23A-SIGNATURE 23C-PHYSICIAN'S NAME (Type)	RELATED TO THE TESTIVEN IN PART 1 (AN 198 CONDITION 198 CONDITION WAS PERFORM IDERLYING DAY) (Year) (Howard House of Communication of Communi	RMINAL A), DN FOR WI AED 218 P home, etc.) 218 I White Work rended the live on libave. (i)	At Occurred At At Work deceosed from (We) (did) (did not) vi DEGREE	20A. AUTOPSY? (Yes or No) of or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJU 12 20 19 19 71 ond that lew the bady after death. Inding Med. Director P 3D. ADDRESS C. H. U. C. H. C. MATORY 24D. LO	208. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore of the Boltimor	DINGS CONSIDERED ES OF DEATH? City, give exact location) 19 7 2 on death occurred on the date 3B. DATE SIGNED
MEDICAL CERTIFICA	TO THE DEATH BUT NOT DISEASE OR CONDITION (19A-DATE OP OPERATION) 21A. ACCIDENT WAS UPOUR CONTRIBUTING CAPEATH (notify medical extension of injury (APPROX.) 22. I certify that (I) (that (I) (we) last saw and hour and fram the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	RELATED TO THE TESTIVEN IN PART 1 (AN 1978, CONDITION WAS PERFORM IDERLYING DAY (House) (House) (Year) (Year) (House) (Year) (Year) (House) (Year) (Year) (House) (Year) (Ye	RMINAL A), DN FOR WI AED 218 P home, etc.) 218 I White Work rended the live on libave. (i)	At Occurred At At Work deceosed from (We) (did) (did not) vi DEGREE	20A. AUTOPSY? (Yes or No) of or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJU 12 20 19 19 71 ond that lew the bady after death. Inding Med. Director P 3D. ADDRESS C. H. U. C. H. C. MATORY 24D. LO	208. IF YES, WERE FIN IN CERTIFYING CAUS (If In Boltimore of the second	DINGS CONSIDERED ES OF DEATH? City, give exact location) 19 7 2 on death occurred on the date 3B. DATE SIGNED 1 1 7 7 2



approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	final disposition is made.
the chief medical examiner or his as	al by a medical examiner. Also, if	1; (2) Body burns; (3) A fracture of any	here the physician who pronounced	lo physician was in regular attenda	written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by	the body was released to the hospi	shows: (1) An accident of any nature	was D.O.A. at a hospital (except w	deceased prior to death); and (6) h	written approval must be obtained

1	11) 024	BALTIMORE CITY	HEALTH DEPARTMENT	72 00034			
	72 0003	34 CERTIFICA	TE OF DEATH REG. NO	74 0003q			
(Ty	NAME OF DECEASED HOWAR	DJ. WAST	LER James 18th	19721 4:08 pm			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II	institution: residence before admission)			
H	JLL NAME OF OSPITAL OR II ADDRESS OR LOCATIONI	NSTITUTION, GIVE STREET	C. CITY OR TOWN	ISIDE CITY/IMITS?			
	Balt. Of	11.1.1.	Ballinno	YES DO NO			
	4940 Eastern Avenue, Bal	timore, Maryland	E. STREET AND NUMBER CUSTYAN	et. 21224			
5.	Make	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In yours	II Under 1 Ys. If Under 24 Hrs. Months Doys Haurs Min.			
10/	A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY			
901		: POSTAL SERVICE	Maryland	USA			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	Russell WATTLEL		Lulu Kelse				
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give war or dates of serv	icel SECURITY NO.	17. INFORMANT BCH RECORDS: 4940 East	ern Avenue			
14	yes wwith	216-01-7647		. Maryland 21224			
	18.4/0,4 1	CAUSE OF DEATH	Sartimore	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY						
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE CONSCIENCE & L. January Light Light						
	heart failure, asthenia, etc., it means the disease, injury or camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF:						
	ANTECEDENT CAUSES		379				
	DISEASES OR CONDITIONS, if any, gi	(8)	A CONSEQUENCE OF:				
	underlying Condition lost.						
	CONDENSING CONDITION ISS. (C) IT WAS TO A STREET AND A ST						
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	ING	,				
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINIDISEASE OR CONDITION GIVEN IN PART 1 (A).	100000000000000000000000000000000000000	***************************************				
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?			
AF	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, loctory, street, off etc.)	or obout 21 C. WHERE DID (II In Boltimo	ore City, give exoct location)			
MEDIC	21D. TIME (Month) (Doyl (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
2	(APPROX.)	While At Not While		-			
	22. I certify that (*) (this hospital) attend	ed the deceased from	1an 15 1977 to	Jan 15th 1972			
	that (\$7(we) last saw the deceased alive		7)	oinian death accurred an the date			
	and haur and from the causes stated above	re. (也 (We) (did) (祖母和) vi					
	23A. SIGNATURE 23B. DATE SIGNED						
	1 Mellan	HD DEGREE Phys.	Med. Stoff Phys.	January 1-19			
	PACE (Type) A. MAK	ARY MD 2	3D. ABORESS Litry City H	ople			
24A	REMOVAL (Specify) 248. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 240. LOCATION (C	City, town, at county) (State)			
1	GONEIAL SCANTE A	Bes Ave Monor	EM GARDES BEL AIR,	MAS			
25A	JANA 1972 Pake & E. Jak	Sen ALD.	25C. FUNERAL DIRECTOR	ADDRESS, GARRA			
15	150-REV. 1/1/68			1.011-1018/12			



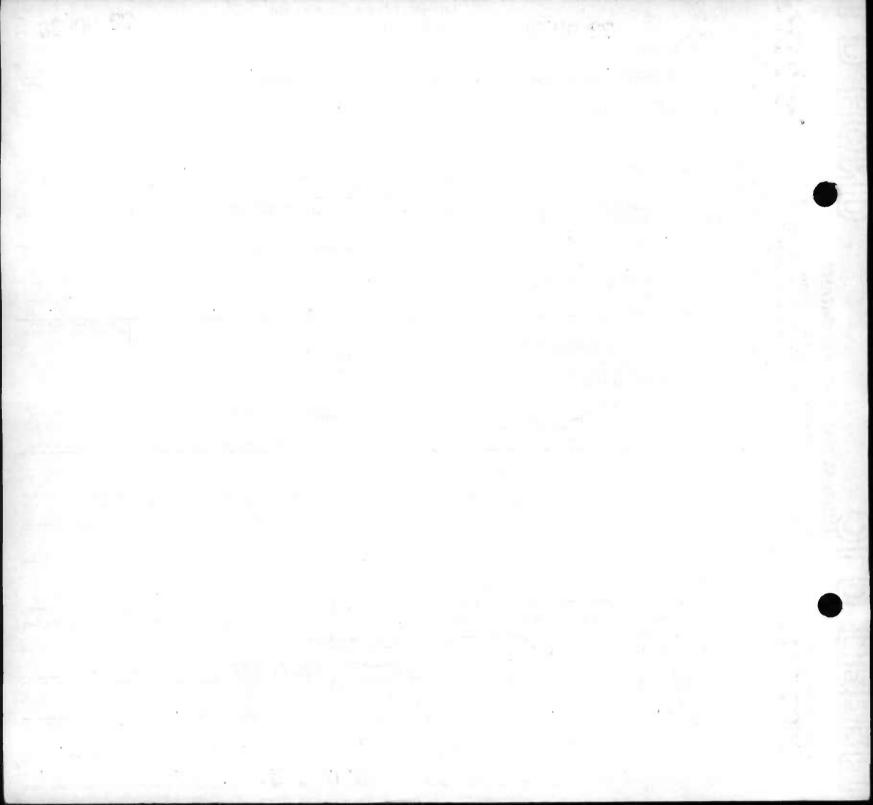
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

72 00035	BALTIMORE CITY	HEALTH DEPARTMENT	72 00035
1-460 BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO	76 00000
Type of Print) WILLIAM T.	TAYLO	RITE, 2. DAJE AND HOUR OF DEATH	972 9.10 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU		A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF OF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	192	1501
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION METMORIAL M	420Y	C. CITY OF JOWN DIN	SIDE CITY LIMITS?
CHOTON MEIGHNAL	03/	E. STREET AND NUMBER	YES NO NO
44		620 W. 401H	Stu. 21211
5. SEX 6. RACE 7. MARRIED WIDOWED T	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (in years last birthday) 9-8-1891 80	Il Under 1 Yr. Il Under 24 His. Manths Days Hours Min.
IOA USUAL OCCUPATION (Give kind of work 108 KIND OF	BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTET?
done during most of working life, even if refired) Ret'd. Plant Manager Conti	Co. nental Can	Baltimore, Maryland	USA
13 FATHER'S NAME	increat Carr	14 MOTHER'S MAIDEN NAME	100/
William J. Taylor		Isabel	
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) us yes, give war or dotes of service)	6. SOCIAL	17. INFORMANT	ADDRESS
Yes WWI	SECURITY NO.	Mrs. William J. Taylo	r Same
18. 4 2201	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	INTRACI	ABLE CARDIAC ARM,	STAND BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dylng, e.g.,	(A) IMMEDIATE CAL	SE	
heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	
Injury or campilication which caused death.) ANTECEDENT CAUSES	\$10115	PULM EDET	YA
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) CHR. (A CONSEQUENCE OF:	URS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WICH CREATION	120A ASIMOROUS (Me A Noll 208 19 VES WEST	EINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR W WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	HICH OFERATION	204 AUTOPSYRING & No. 208 IP YES, WERE IN CERTIFYING C	AUSES OF DEATH?
. OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., i , farm, factory, street, of	n or about 21 C. WHERE DID (If In Bollimo	ore City, give exact location)
W loe IN ILLOY	INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX)	At Wark	•□	O
22. I certify that (1) (this hospital) attended th	e deceased from	Jan. 2 19 7210	Jan. 2 1972
that (1) (we) last saw the deceased alive on	1-2	19 72 and that In (my) four or	Inlon death occurred an the date
and hour and from the causes stated above. (1)	(did) (did not)		
23A SIGNATURE	(N)		23B DATE SIGNED
1 della	DEGREE Phy	nding Med. Staff	1-2-72
NAME (Type) DM/KU.	DEGREE	23D. ADDRESS VMH	
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME al CEMETERT OF CR	EMATORY 24D. LOCATION (City, tawn, ar county) (State)
REMOVAL (Specify) Burial 1-5-72 No.	ew Cathedra	Cemetery Balto.	Md.
25A. DATE REC'D ST HEALTH DEPT. 258. NAME O		125C. ELINERAL DIRECTOR	ADDRESS
JAN 4 1972 The E Tales A		4905 York Road Bal	to., Md. 21212
VS 150-REV. 1/1/68			

-444763 HAN 3 W J. P. W. S. L. . . .

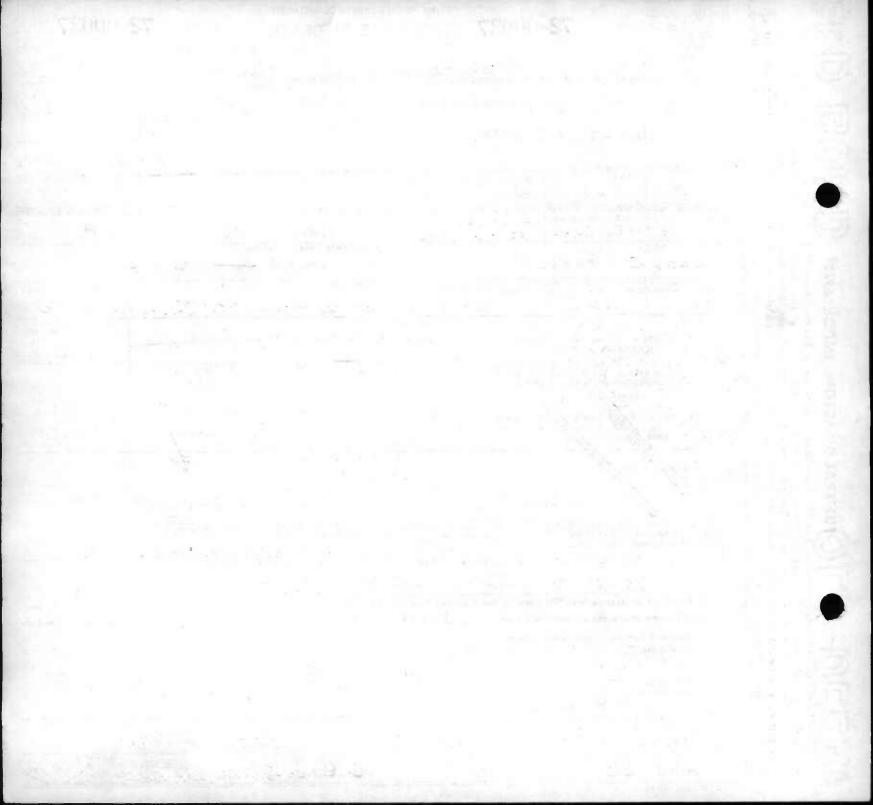
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1/ 200	BALTIMORE CITY	HEALTH DEPARTMENT		MO 00-
FIRTH NO. 72 00036	CERTIFICA	TE OF DEATH	REG. NO.	75 00036
I. NAME OF DECEASED (Type or Print) J. Irvin Heise			. 1, 1972	1 5 P. M
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. Il in:	stitution: residence befare admission)
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTE HOSMTAL OR ADDRESS OR LOCATION)	ON, GIVE STREET	Md.		DE CITY LIMITS?
1 1 1		Baltimore		YES NO
T Union Memorial Hospit	al	E. STREET AND NUMBER	Hall Rd.	21218
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	II Under 1 Ye II Under 24 Mar
M WIDOWED X		1-27-94	lost birthdoy) 77	Manths Days Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Balto, G & Elec. Super	visor	Baltimore,	Maryland	USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA		
John D. Heise		Mary Da	uterich	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [if yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT	Re	theed 2003
	12-05-6537	John I. Heis	e,Jr. 6808	thesda, Md. 20034 Newbold Dr.
18.4/0,91	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			6 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAU		()cc/usi	on
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.	DUE TO, OR AS	CONSEQUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, If any, giving	(8)	A CONSEQUENCE OF:		********
rise to the above cause (A) stoting the UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	ICH OREBAYION	1204 411203272 (Vo. o. No.	W 200 IS WES WEST	NAME OF COLUMN
WAS PERFORMED	TCH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED
OR CONTUBUTING CAUSE OF home, etc.)	ACE OF INJURY (e.g., in form, foctory, street, off	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(II In Boltimore	City, give exact location)
I ≡ IOF INJURY	IJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX) While Work	At Work			
22. I certify that (1) (this hospital) attended the	deceased from	Jon	1971 to 1	on 1 1972
that (1) (we) last saw the deceased alive on	Dec 16	19 71 ond th	ot in(my) (out) opin	ian death occurred on the date
ond hour and fram the causes stated abave. (1) (We) (did) (did not) vi	ew the body after death.		
23A SIGNATURE	1 1			23R DATE SIGNED
William Justine	The DEGREE Phys.	ding Med.	Staff Phys.	1-3-72
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
Dr. William H. Fustin	g DEGREE	4230 Loch Ra	ven Blvd.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)				(, town, or county) (State)
	dlawn Ceme	tery	Baltimore	County, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR		4905 York Rd.
JAN 4 1972 1666 & Sale M. VS 150-REV. 1/1/68	X 0) ()	H.W. Jenkins Balltimore	Sons Co. Md. 212	12 TOPK Na.



ical examiner or his assistant if death occurred in a hospital and	al examiner. Also, if the direct or contributing cause of death	is; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such	zins, are embalmed or final disposition is made.	7
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4	was D.O.A. at a hospital (except where the physician who pronounced death	deceased prior to death); and (6) No physician was in regular attendance on t	written approval must be obtained before the remains, are embalmed or final disposition is made.	

	Y HEALTH DEPARTMENT	
	ATE OF DEATH REG. NO. 72	00037
Type or Print GORDON, HOWARD J.	2. DATE AND HOUR OF DEATH	1 730 A.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution:	residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY	2642
MERCY HOSPITAL	BALTO. YES	_
37 /110101 /1007//110	E. STREET AND NUMBER 4217 SEIDEL AU. BA	
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED		ler 1 Yr. If Under 24 Hrs.
M WIDOWED DIVORCED	7/1/03 68	Doys Hours Min.
done during most of working life, even if refired) RETIRED CHIEF	11. BIRTHPLACE (Stote or foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
LLOYD GORDON	LAURA ? MANTLE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes Wes I 214-20-9320	Gruek GORDON, Y217 JEIDEN	
CAUSE OF DEAT	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	CHRULARROT JOR POSTENS	min.
This does not moon the mode of dying, e.g., head taken a superior, etc. It wans the disease, injury or complication which coused death.)	A-CO SEQUENCE OF:	7,0111
injury or complication which coused death.)		
ANTECEDERA CAUSES	preumonins IIII	2 days.
DISEASES OR CONDITIONS, Strony, giving	CONSEQUENCE OF:	- 4
nist to the good cause (b) stating the UNDERLYING CONDITION (act. (c)	ACTURG (8 hip)	5 days.
No.		
THE SHOP FICANT CONDITIONS CONTRIBUTING TO THE SEATH BUT AND TRELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). UNITED THE SEATH OF THE SEATION 1198, CONDITION FOR WHICH OPERATION	US POST C.V.A.)	
11 MISA TENDE OF PRATION 1198, CONDITION FOR WHICH OPERATION	20A AUTOPSW (Yes or No.) 208, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED
WAS PERFORMED 6	0	DEATH?
OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CAUSE	in or about 21 C. WHERE DID (If In Boltimore City, gi	ve exoct location /
DEATH (notify medical examined etc.)	4217 Seidel Ave. Balto.	Md. 21206
21D. TIME IMenth) (Doy) (Year) IHoud 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not Whi	21F. HOW DID INJURY OCCUR?	
Work Li At Work	SLIPFE ON F	10019
22. I certify that (I) (this hospital) attended the deceased from	12/30 19/110 1/1	1972
that (i) (we) last sow the deceased alive on 12/31	19and that in(my) four) opinion dec	oth occurred an the date
and haur and from the couses stoted obove. (I) (We) (did) (did not)		
	ending Med. Staff 1	TE SIGNED
DEGREE Phy		1112
NAME (Type) A.E. WALSH MODEGREE	222 St. Paul	
24A. BURIAL CREMATION, 24R. DATE 24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION ICity, town,	or county) (State)
BURIAL STANT & GARDENSOFFA	MITH BALTO. CO., MA)_
JAN 4 1972 La Bar 125E NAME OF REGISTRAR	25C, FUNERAL DIRECTOR OCOPIAN SON CRALLONG BAS	ADDRESS TO MO 2 MOY
V\$ 150-REV. 1/1/68		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular articular to death. Such written approved must be obtained before the remains are emplaned or final integration.

	K-656 7 15 3200	200	HEALTH DEPARTMENT		
	RTH NO 72-0003	SS CERTIFICA	TE OF DEATH	REG. NO	=0.0029
d	NAME OF DECEASED ype or Printly ANTHO ANT	KRAMER	2. DATE A	ND HOUR OF DEATH	1/2 00030
3	PLACE IN BALTIMORE, MARYEAND, WHERE PR		4. USUAL RESIDENCE (Who	ere deceosed lived. It i	nstilution: residence before admission)
ll E	ULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	MARY ZAN	AIL J	2641
iii	ASSITUTION ADDRESS OR LOCATION	Cen II.	C. CITY OR JOWN	D. INS	IDE CITY LIMITS?
	VORTH CHARLES GEN.	HOSPITA UP	E. SIREET AND NUMBER		YES NO
-	SEX , 16. RACE / 17. 448.00		5519 SW	mange	SLADED
	SEX MORE TO MARI		8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even Tretired)		11. BIRTHPLACE (State or, lore	eign country)	12. CITIZEN OF WHAT COUNTRY?
1	you come ander	MTA	Brasto.	RE	2619
13	PATHER'S NAME	. /	14. MOTHER'S MAIDEN NA	ME .	14/1/2 />
15	Was Deceased Ever in U.S. Amed Force?	D4 social	cuzia	het 11+ 2	SINK KARY D
(Ye	Wos Deecosed Ever in U. S. Armed Ferees? es, no or unknown) (If yes, give wor or dotes of serv		17. INFORMANT	14 RASEO	ADDRESS
-	Yes WW 11	212-18-3353 CAUSE OF DEATH	Branchauren	wornig LAC	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CA C	OLON E	WIDESHIE	BETWEEN ONSET AND DEATH
	(This does not mean the made of dving	e.g. (A) IMMEDIATE CAUS	E CONSEQUENCE OF:	4	1/8/9/23,
	heart failure, asthenio, etc. It means the dise injury ar camplication which caused deoth.)	ase,	TARIO		
	ANTECEDENT CAUSES	NE M	14313		
	DISEASES OR CONDITIONS, if any, girnse to the above cause (A) stoling	ving DUE TO, OR AS	A CONSEQUENCE OF:	***********	***************************************
	UNDERLYING CONDITION last.	(c)		**********************	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	******************************		
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 208 IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in	or obout 21 OWHERE DID		e City, also exact location)
CAL	DEATH (natify medical examines)	21 B. PLACE OF INJURY (e.g., in home, farm, foctory, street, affi etc.)	e bldg., INFURT OCCUR?	hi in common	a city, the axact totalion!
MEDI	21D-TIME (Month) (Doy) (Year) (Hous) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URT OCCUR?	
<	(APPROX)	While At Work Not While At Work			
	22. I certify that (I) (this haspital) attended		12-11	19 71/1a	1-22 19 72/
	that (1) (we) last saw the deceased alive		19and th	at In(my) (aur) apil	nion death occurred an the date
	and haur and from the causes stated above	(i) (We) (did) (did nat) vice	ew the bady after death.		COOR DATE SIGNED
	frame V. de,	Attended Phys.	ding Med.	Staff Phys.	23 B. DATE SIGNED
1/	23C.PHYSICIAN'S NAME (Typel	DEGREE	D. ADDRESS	Phys.	
	facinto V. DE	BORAR, MAS	North	Charles ?	Good . Hoop .
24,	REMOVAL (Specify) 248. DATE 240	C. NAME of CEMETERY OF CREA	AATORY 24D. LO	CATION (Cit	y, town, or equally) (State)
25/	Burial 1/4/72 DATE REC'D BY HEALTH DERT. 4 1258 NAM	Baltimore REGISTRAN		Baltimore,	
		A.D. O	Leonard J		Baltimore, Md
VS	150-REV. 1/1/68		1 200201 0 1		

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MAK

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendonce on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR:

	HEALTH DEPARTMENT
H-24/ 72 00039 CERTIFICA	TE OF DEATH REG. NO.
T. NAME OF DECEASED (Type or Print) HASLUP, JULIA MARION	JANUARY 2,1972 1 10:45 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	MARYLAND 285 T
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES
CT ACNES HOSPITAL	C TY YES NO NUMBER
ST AGNES HOSPITAL	413 ROCKGLEN ROAD 21229
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 17. AGE (In years If Under 1 Yr. If Under 24 Hrs.
FEMALE CAUCASIAN WIDOWED TO DIVORCED	12/27/92 fost birthdoy 79 Months Doys Hours Min.
OA USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY	
ione during most of working life, even if retired)	CONNETICUT U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK SMITHdeceased	Susan Smith-deceased
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT
Yes, no or unknown! (If yes, give war or dates of service) SECURITY NO.	BALTIMORE, MARYLAND 2122
118. TO Y SAY S CAUSE OF DEAT	ST. AGNES HOSPITAL CATON & WILKENS AV
DISEASE OR COMPITION DIRECTLY	BETWEEN ONSET AND DEATH
VEADING TO DEATH	RE PULMONARY EMBOLISM
	A CONSEQUENCE OF:
injury by complication which boused death.)	
ANTECEDENT CAUSES FRACTI	JRE LEFT HIP
DISEASES ON CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
dee to the pupped gare (v) stating the	VD - CHE
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [12] PLACE OF INJURY (e.g., 12) PLACE OF	
19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
WAS PERFORMED	NO IN CERTIFING CAUSES OF DEATH?
OR CONTRIBUTING I CAUSE OF home, lam, foctory, street, of	
DEATH (notify medical examined) 21D. Time (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While At The Not While	2) F HOW DID INJUST OCCUR?
OF INJURY (APPROX.) 12 - 29-7/ White At Not White At Work At Work	21F. HOW DID INJURY OCCUR? Feel seeding rus of Chair
	fee seeing me o
	ECEMBER 29 19 71 to JANUARY 2 19 72
that (M (we) last saw the deceased alive an JANUARY 2	19_72 and that in (mx) (our) opinion death occurred an the date
ond hour and from the causes stated above. () (We) (dld) ((i)) ((i))	flew the body after death.
PARTICIONAL MALVIN 1/11 () Phy	anding Med. Stoff Phys. 238, DATE SIGNED
23C. PHYSICIAN'S	23D. ADDRESS
A LESANDRO MEJIA, M.D.	ST. AGNES MEDICAL CENTER
24A, BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY of CR	
Cremation 1/7/72 Loudon Park Ceme	
Cremation 1/7/72 Loudon Park Ceme	25C. FUNERAL DIRECTOR ADDRESS
JANS 1972 Robert E. Ferber M.D. 1	Wilzle, 1630 Edmondson Avenue, 21228
VS 150-REV. 1/1/68 N 8 20 4	

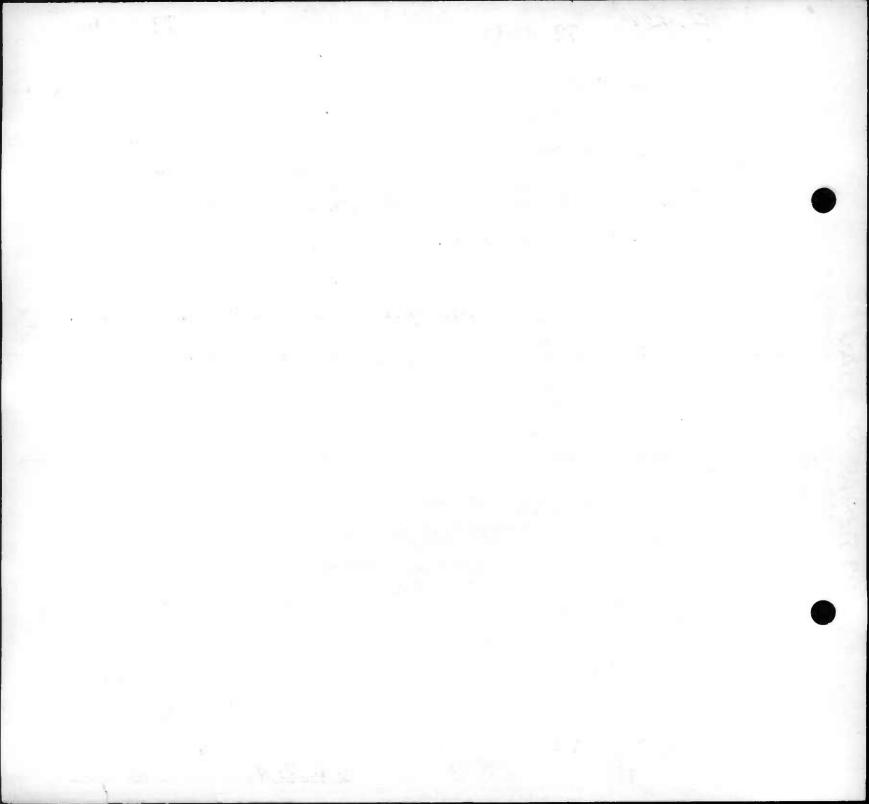
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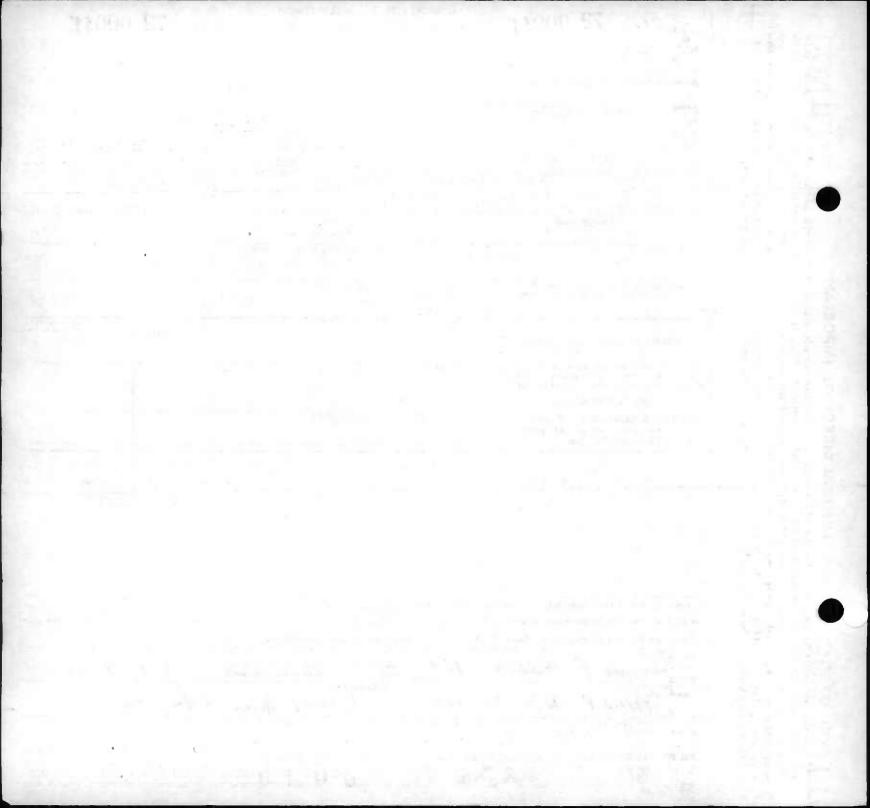
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7-42	4 70	00040		HEALTH DEPARTMENT	72 0	0040
BIRTH NO.	121	00040	CERTIFICA	TE OF DEATH	REG. NO.	0030
1. NAME OF DECE	ASED	0 =	Taran	2. DATE AN	D HOUR OF DEATH	0
	J-1.0E	466	908EPH	1.	1.1972 10.	110 P. M.
3. PLACE IN BALT	IMORE MARYLAND, WH	ERE PRONOU	IN CED DEAD	4. USUAL RESIDENCE (When	e deceased lived, if institution:	residence before admission)
FULL NAME OF	(IF NOT IN HOSPITAL ADDRESS OR LOCAT	OR INSTITU	ITION, GIVE STREET	Md.		1207
INSTITUTION				C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
LTILLY C	ERAM HOS	PITAL	REMA.	Baltimore E. STREET AND NUMBER	YES X] NO []
109117	101711 11 0100	11.110	010.0.	2647 Miles Av	enue 21211	
5. SEX	6. RACE 7	· MADDIED T	NEVER MARRIED		9 405 //-	1 1 V 1 1 1 1 2 1 1
MALE	1000	WIDOWED			last birthdoy	ler 1 Yr. If Under 24 Hrs. Doys Hours Min.
10A. USUAL OCCU	PATION (Give kind of work)			11. BIRTHPLACE (Stote or lorei	0 (/23 -	TIZEN OF WHAT COUNTRY?
done during most of w	orking life, even il retired)				12.6	INTER OF WHY! COUNTRIL
13. FATHER'S NAM		Miller	bros.	Germany		
	-			14. MOTHER'S MAIDEN NAM		
5. Was Dagged	Ever in U. S. Armed Force	-2	1/ 20014	late Mari	.6	
Yes, no ar unknown)	Il yes, give wor or dotes	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			215-07-7022	Fredinand Fias	tro 3 E. Lexin	gton St.
18. 48 S	XI		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE	OR CONDITION DIRE	CTLY		(200	0.15	SETTILEM CHOSEL AND DEATH
(This does no	I mean the made of d	ving. e.g	(A) IMMEDIATE CAU	SE YCAM TUE	Schicamia	
heori loilute, o	sthenio, etc. It means the licotion which coused d	e disease.	DUE TO, OR AS	CONSEQUENCE OF:	0	
		eom./	(-	30 01 0	,	
	NTECEDENT CAUSES		(B)	Janchal 1	neumonia.	
rise to the	CONDITIONS, il on obove couse (A) s	y, giving Jolina the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING	CONDITION lost		(c)	*********************		
7	11					
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	ANT CONDITIONS CONT	RIBUTING				
DISEASE OR CO	NOTION GIVEN IN PART TO PERATION 198 CONDI	(A).		100 4	******************************	
19A. DATE OF	WAS PERFO	RMED W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
21A. A CCIDENT	WAS UNDERLYING ING CAUSE OF	218.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	It to Baltiman Ch	
OR CONTRIBUT	ING CAUSE OF	home etc.)	, lorm, foctory, street, off	ce bldg. INJURY OCCUR?	(il In Boltimare City, gi	ve exoct locotion;
		Hour) 21E	INJURY OCCURRED	215 110 110 110		
OF INJURY	- Court (Boy) (redi		AI Not While	21F. HOW DID INJU	RY OCCUR?	
		Work	At Work			
	hat (1) (this hospital)		deceased from		ýto	1979
	ast saw the deceased		1,1.	19 7 2 ond the	t in (my) (ayr) apinion dea	th occurred on the date
and haur and	from the couses stated	phave. (1)	(We) (did) (did not) vi	ew the body ofter death.		
23A. SIGNATUR		72 (MO		23 B, DA	TE SIGNED
	182	alm	Dham	ding Med. S	haff hys.	1.1-1972
23C.PHYSICIAN NAME (Typ	5 0	000-	OEGREE	D. ADDRESS		AM
li dine tiyp	MTTA2	HKAI	M an.A	LINTHER AM	1 dtochirAL OF	41211000110001
4A. BURIAL CREM	ATION, 248, DATE	24C. NA	ME of CEMETERY OF CREA	MATORY 24D. LO	730 118	THSUMION SIZ
Burial	1/5/72		w Cathedral		timore, Marylan	
5A. DATE REC'D B					. ormore, marytan	
JAN 5	1972	B. MAME OF	E MED ()	25C. FUNERAL DIRECTOR	Edmondson Avenu	e 21228
S 150-REV. 1/1/68				1 220230		
			*			



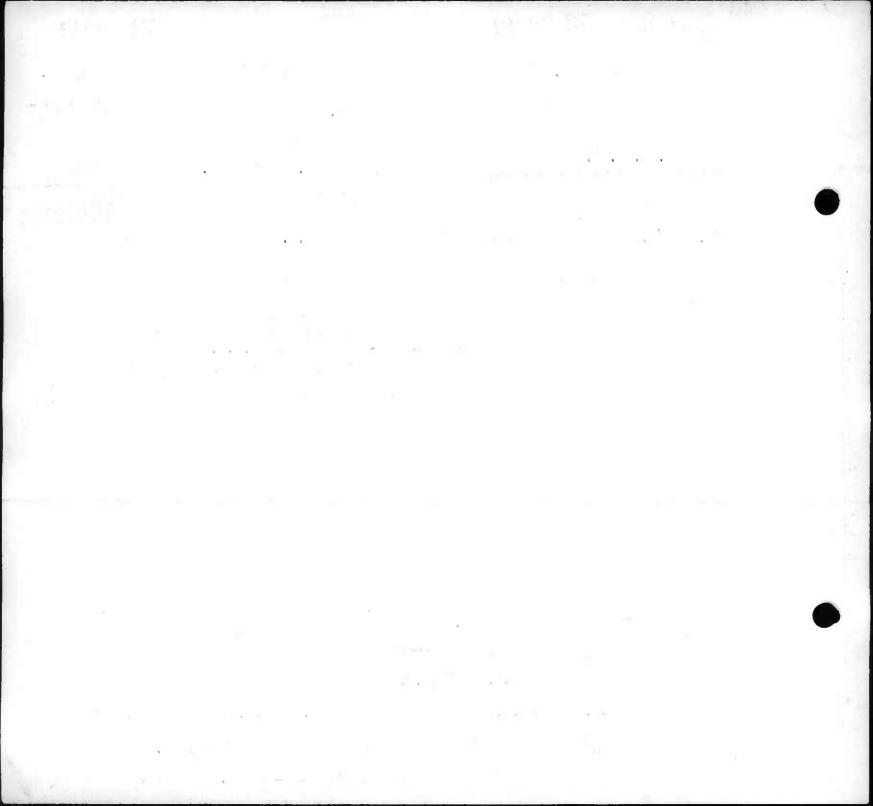
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16 1011 77 00000	HEALTH DEPARTMENT
BIRTH NO.	TE OF DEATH REG. NO.
THAME OF DECEASED TO PAINT TO PERSON TO BANER	2. DATE AND HOUR OF DEATH 15 20 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE I Where deceased lived. II institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	LUD HAMBER OWN & X 100
Charles Home Haspital	C. CHY OF TOWN C. CHY OF TOWN PARTY OF TOWN PROPERTY OF TOWN YES NO NO
Batimbre MDy 321231	E. STREET AND NUMBER HOT GURLINGS STREET
WAKEED WAKEED	B. DATE OF BIRTH 7. AGE Un years Something Somet
TOMULE WINDOWED DIVORCED TO TOWN USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHFLACE (State of Toletan country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if efficied) An employed.	North and while to me U-S-A-
Not available of mith	Notural Wholeston Pleiffer
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (ii yes, give war or dates of service) SECURITY NO.	A- Jan and NOUS Church Hame Hogy
no none	1,0000
DISEASE OR CONDITION DIRECTLY	approximate interval BETWEEN ONSET AND DEATH Then O O MIMME MIMME O MIMME MIMME O MIMME M
LEADING TO DEATH IThis does not mean the mode of dying, e.g., OUI TO DE ASA	SE A SON A WAY A WAY
heart failure, asthenia, etc. It means the disease, Injury or complication which saused death.)	El voll et also many Leas
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS	A CONSEQUENCE OF:
dise to the above cause (A) staling the UNDERLYING CONDITION last, (C)	
distribution of the state of th	In Trult Indellan Town wells
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	Tool of the state of the works
	Many Many of the M
U IGA DAYS OF OPERATION 1198 COMPETION FOR WHICH OFFRATION	20A AUTOPSTS (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	MAN IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLTING 21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of DEATH (notify medical examined)	or obout 21 C. WHERE DID (If in Boltunere City, give exect location) insury occurs
19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)	or about 21 C. WHERE DID (If in Boltmare City, give exact location) ice bidge injury occurs
19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLTING 21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of DEATH (notify medical examined)	or about 21 C. WHERE DID (If in Boltmare City, give exact location) ice bidge injury occurs
19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLTING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off DEATH (notify medical examined) 21D. TIME (Month! (Doy) (Year) (Hour) 21B. INJURY OCCURRED While At Not While	or about 21 C. WHERE DID (If in Boltmare City, give exact location) injury occurs 21F. How DID INJURY OCCUR?
19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month! (Doy) (Year) (Hour) OF INJURY (APPROX.) While At Work	or about 21 C. WHERE DID (If in Boltmare City, give exact location) insure City of the bidge insure City of the control of the control of the bidge insure City of the control o
19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month! (Doy) (Year) (Hour) 21E. INJURT OCCURRED While At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an ond hour and fram the causes stated above. (I) (We) (did) (did not) vi	or about 21 C. WHERE DID ice bidg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT SIGNATURE

S. SER S. B. C. CHINATE S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? S. SER S. B. C. CHINATE D. INSIDE CITY JUMES? D. DIVORCED D. INSIDE CITY J. S. AND COLOR D. INSIDE CITY J. S. AND C. S. S. COLOR D. INSIDE CITY J. S. G. C. S. S. SER S. SER D. DIVORCED D. INSIDE CITY J. S. G. C. S. S. SER D. DIVORCED D. INSIDE CITY J. S. G. C. S.	S-160		00042	CERTIFICA	Y HEALTH DEPARTMENT	REG. NO	72 00042
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R.V.Rangle,M.D. 2938 St.Paul St., Baltimore, Md. 21218		R.V.Rang					ore,Md.21218
		pecify) 248. DATE					· ·
Burial 1/5/72 Baltimore Cemetery Baltimore, Md.		1/5/72					M.
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Trinity Mem. Gardens

25C. FUNERAL DIRECTOR

Waldorf Charles Md

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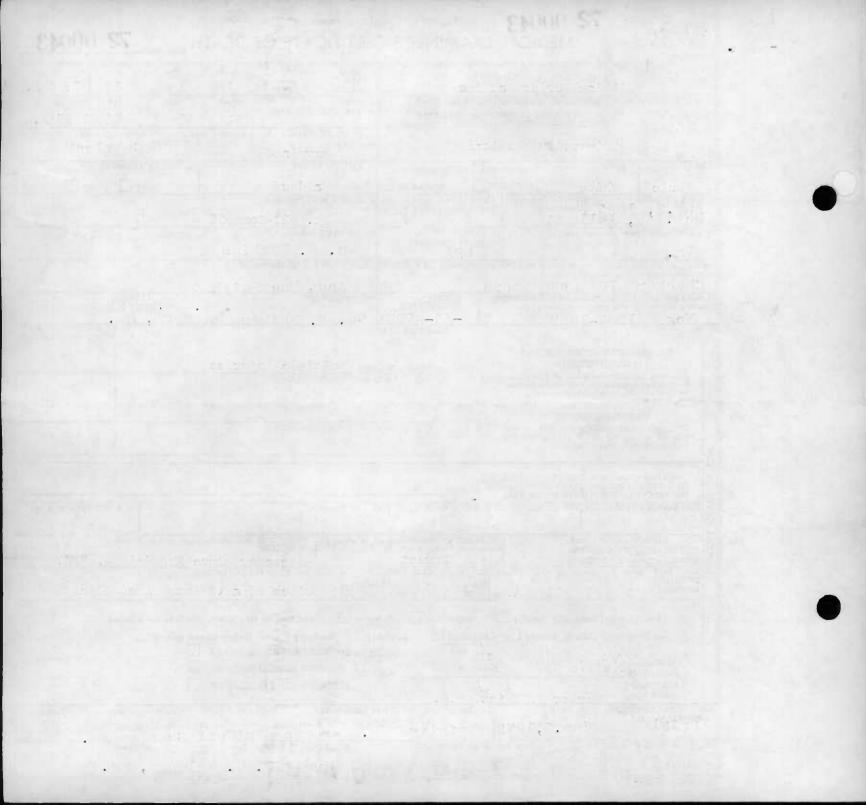
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VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

Jan.5,1972

258. NAME OF REGISTRAR



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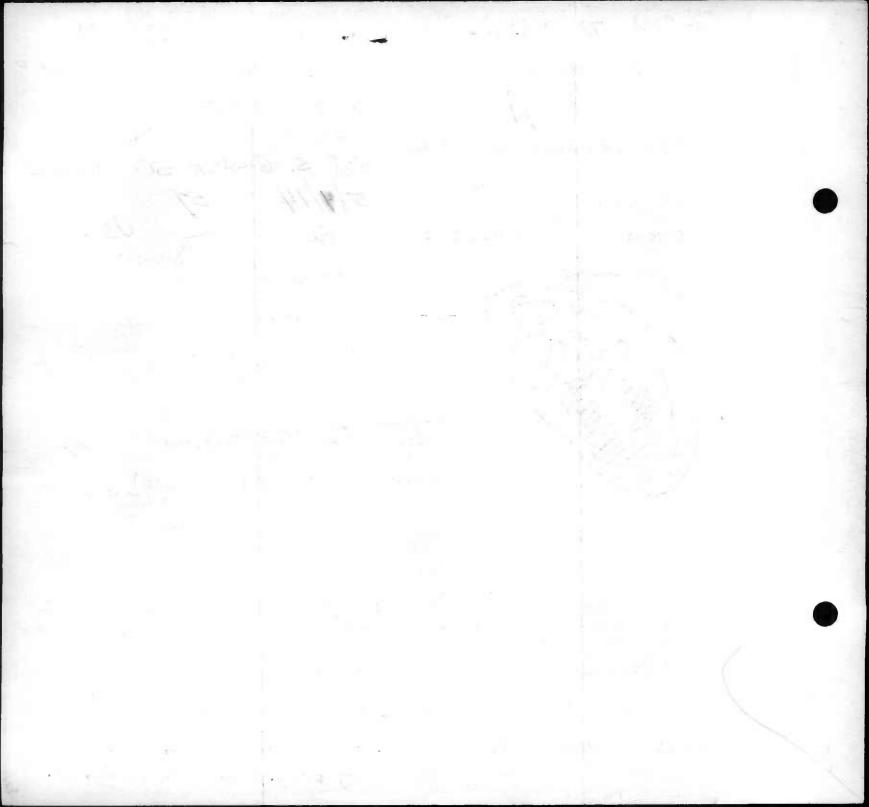
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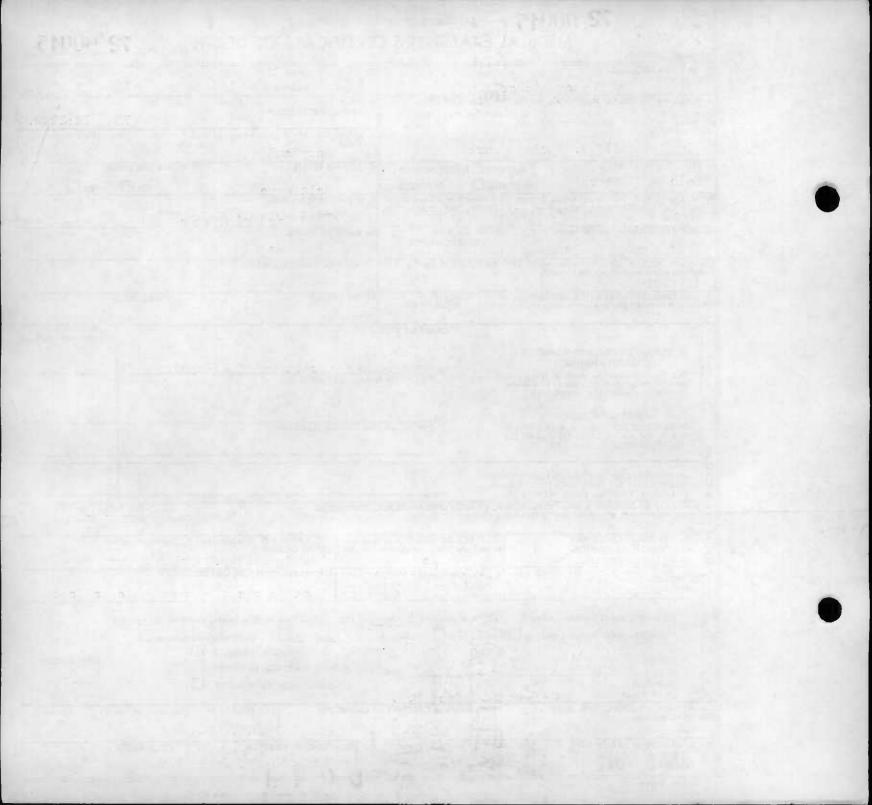
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MAXINE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before
A. STATE
B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 2 YES X SE COURS NO HOSPITAL AND NUMBER 5. SEX 6. RACE MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yt. If Under 24 Hrs. mule WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY It. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Waitress Redtaurant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME odge! 15. Was Deceased Ever in U. S. Armed Porces? 6. SOCIAL SECURITY NO. 212-10-6966 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECT LEADING TO DEATH (This does not meen the mode of dying, e.g., healt foilule, asthenia, etc. It ments the disease, injury or complication which are death.) DUE TO, OR AS A CONSEQUENCE OF: TECEDENT CAOSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES ON CONDITIONS, IF CERTIFICATION OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). years 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 21 A. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined) 308 21 D. TIME OF INJURY (Doy) (Year) Houd 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR Not While While Al (APPROX) 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost saw the deceased olive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Torun Attending X Med. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 14 mes cons 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) 1/5/72 Glen Haven Mem. Park Glen Burnie, Maryland 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Glen Burnie, Raymond C. Fink VS 150-REV. 1/1/68



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	Baltimor	e. Mar	vland		WHAT COUNTRY?	Henry Le	e Colloway			
4/	AUSUAL OCCUP	ATION (Give	kind of work	48. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S	MAIDEN NAME			
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	EXAMINE	R'S					E MEDICAL EXAMINE	R 🗍	1	-2-72
-	NAME (Ty		Wer	ner I	Spitz. M.D.					
E	A. BURIAL CREM MOVAL (Specify	ATION, 24	B. DATE		24C. NAME of CEMETERY	F CREMATORY	24D. LOCATIO	ON (City, town,	or county)	(State)
	Burial	1	1-5-19	972	Mt. Calvary	Cemetery	A.A. (Co., Maryl	and	
	A. DATE REC'D E	Y HEALTH D	EPT.		ME OF REGISTRAR	25C. FUNE	RAL DIRECTOR 173			21213
	通酬 5	212	OloBer 8	E Ja	Bey M. D.			ones, Jr.		
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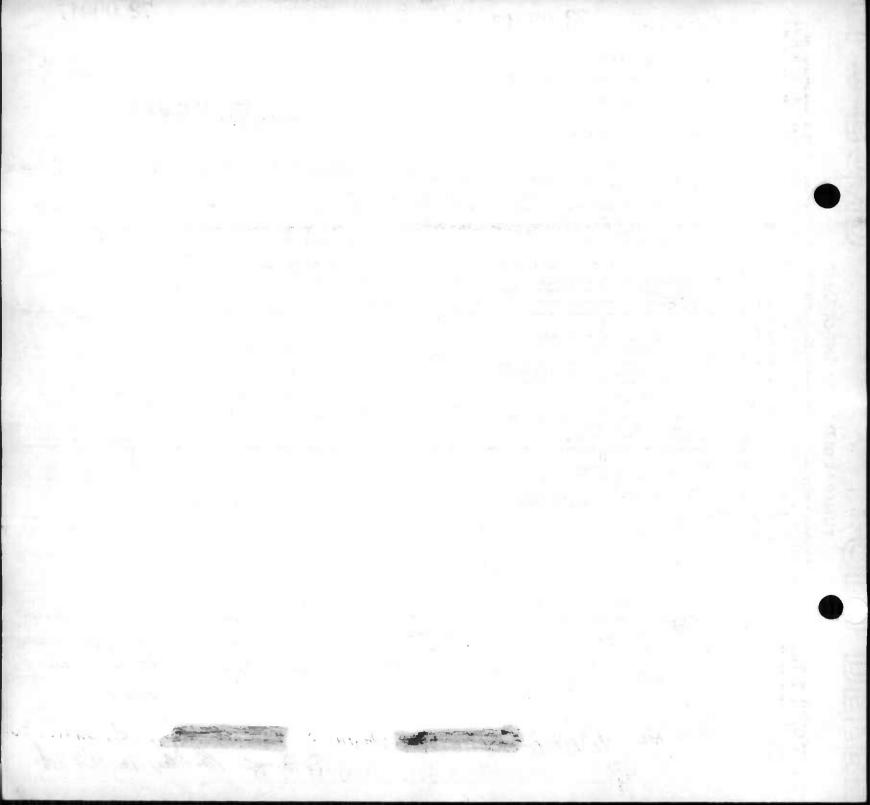


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V-40	20 72	00046		Y HEALTH DEPARTMENT		72 00046
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF				2. DATE A	ND HOUR OF DEATH	н
	VALLEJO	LUIS			1-72	18:00 A.M
3. PLACE IN	BALTIMORE, MARYLANE	, WHERE PROI	NOUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceosed lived. II	institution; residence belove admission)
FULL NAME	OF (IF NOT IN HO	SPITAL OR INS	TITUTION, GIVE STREET	MARYCAND		7788
INSTITUTION	ADDRESS OR L	OCATION)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
25				BALTIMOR	Md.	YES # NO
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		10 4	METHAL	154 92 NOH	QUIL, AUE	21215
5. SEX Mal		WIDOWI		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
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13. FATHER'S				14. MOTHER'S MAIDEN NA		
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	sed Ever in U. S. Armed own) (If yes, give war or	dotes of service		17- INFORM ANT	70 .	ADDRESS
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OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING	G			
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OF INJURY	(Month) (Doy) (Ye		E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)		V	Vhile At Not While			
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23C. PHYSI	CLANS	. Man	DEGREE Phys	. Director	Staff Phys.	1-1-72
NAME	(Type)			3D. ADDRESS		
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25A. DATE REC	D BY HEALTH DEPT.	25B. NAME		25C. FUNERAL DIRECTOR	112/01/11/1	ADDRESS
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VS 150-REV. 1/	1/68			TOO LIDER	ry mergnis	Avenue

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MEDICAL CERTIFIC	DISEASES CRISE TO THE DEAT DISEASE OR CONTRIBUTION OF CONTRIBU	PR CONDITION above ca condition CANT CONDITION ICANT CONDITION ICANT CONDITION OPERATION IT WAS UND IT WAS	ONS, if any, use (A) state	IBUTING ERMINAL (A). ON FOR WMED 218, hometc.) Houd 218. Whill Work ttended the live on above.	PLACE OF INJURY Ic. a, farm, factory, street INJURY OCCURRED to At Not V At W e deceased from I 2 - Y (We) (did) (dbd	20A. AUTOPSY: go in or about 21C. WH office bidgo INJURY 21F. HO 21F. HO 19 7 2 4) view the body after Attending Me Phys. Barbarass CHUKC	ERE DID OCCUR? W DID INJUR 19 ond that ther death.	OB, IF YES, WERN CERTIFYING CO. (II In Baltim	E FINDINGS CAUSES OF more City, given a complete	CONSIDER DEATH? a exact lacat th occurrent E SIGNED 2 -



72 00048 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED Known X 2. DATE Manth Day Year Hour (Type or Print) OF 1:10 A. M 1 72 Muritl A. Burns Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Dov Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 72 1:10A. HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) St. Agnes Hospital A. STATE B. COUNTY Massachusetts C. CITY OR TOWN D. INSIDE CITY LIMITS? 7. RACE 6. SEX 8. MARRIED NEVER MARRIED WIDOWED -Marlborough NO White DIVORCED Female YES _ If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Months; Days; Hours; Min. 9. DATE OF BIRTH 10. AGE (In yeors lost birthdoy) 37 South Street July 4, 1908 13. FATHER'S NAME 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Massachusetts
USA

It 4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even if retired) Burns Clerk Retired Mary A. McDermott 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)((II yes, give war or doles of service) IS. INFORMANT 17. SOCIAL SECURITY NO. ADDRESS 011-05-3071 Mrs. Dorothy Sullivan Catonsville N 19. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A)IMMEDIATE CAUSE Arteriosclerotic cardiovascular LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF disease heart follure, osthenia, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES (8) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 226. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (If in Bollimore City, give exact location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)
OF INJURY (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) NOT WHILE WHILE AT (APPROX.) m. WORK 23. Autopsy I certify that I held an Inquiry Inspection X and that on this basis, death in my opinion Suicide resulted from Notural causes X Accident Homicide Undetermined monner Deputy CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. 1 - 1 - 72**EXAMINER'S** ASSOCIATE MEDICAL EXAMINER

NAME (Type) Werner II M.D 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, REMOVAL ANSILE 24B. DATE 24D, LOCATION (City, town, or county) (Stote) Burial 71 Immaculate Conception Maril 1258, NAME OF REGISTRAR Edw. S. Mac Marlboro, Mass 25A. DATE REC'D BY HEALTH DEPT. **ADDRESS** Edw. S. MacNabb Sons, Inc. VS 151-REV. 1/1/68

FIRE A TENE natural . I bushes Fary A. Wellscante ATTEMPTED NEW INCOME THE SHITTY OF CERCONSTERN 1/2/7A _ Immodilate Companion Markhoon, Mark Lord Jones de la chabb Jones, Inc. . Dark Steelerster . D. Colores St. 1924

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

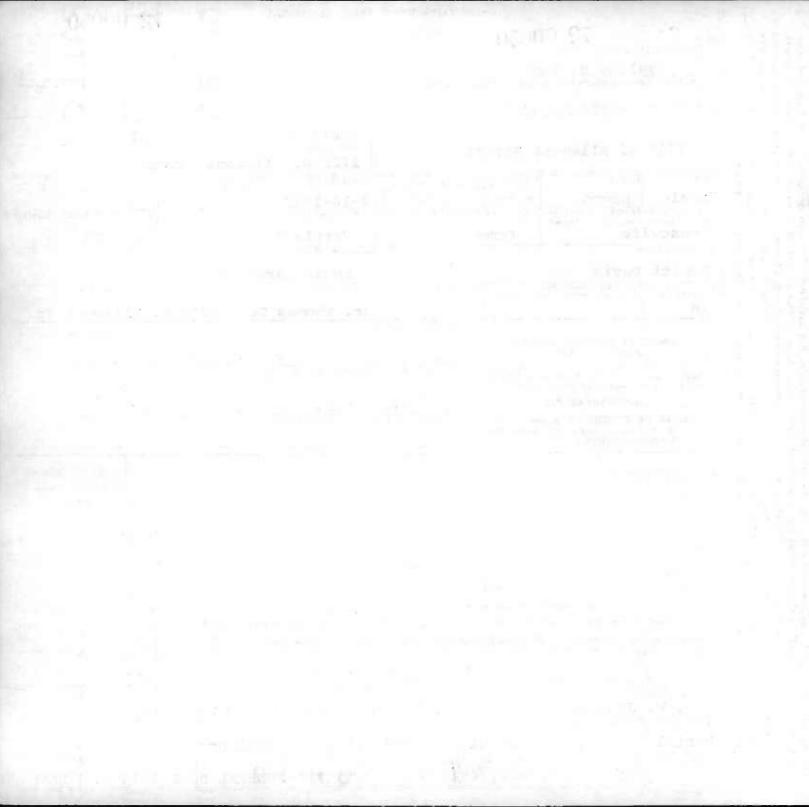
K	BALTIMORE CIT	Y HEALTH DEPARTMENT
	70 0000	
	an No.	AL OF DEATH
	NAME OF DECEASED, Stevenson, Howard Arthr	2. DATE AND HOUR OF DEATH
IL.	STEVENSON HOWAR	D.A. 11-1-1972 1/2.05AM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FL	ILL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland. 2x D2
H	ILL NAME OF OF OF OR OF OT	a curi as five
1	Lutheran Hospital of Maryland	A OF CAPATHIMANA
1	Ma Hashtal INTUNANS	E STREET AND ANIMARED
	-aincran hospided (11/1)	5207 Garynn oak Avenue, 21207
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	
	Male White WIDOWED DIVORCED	1 = 14 = coff . lost birthday Manths Days Hours Min.
do	USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTR	The Country of What Country
	Religion Head Usher- Civic Center	Maryland U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Arthur Stevenson	Nellie Phumphrey
15.	Was Deceased Ever in U. S. Armed Forces? [16. SOCIAL	
(Ye	Was Deceased Ever in U. S. Armed Forces? s,na or unknown) (If yes, give war ar dates of service) NO 217-05-2386	Mae A. Stevenson, 5207 Gwynn Oak Ave.,
	18. // CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	rogene Shoek
	IThis does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	A CONSEQUENCE OF:
	injury ar camplication which caused death.)	
	ANTECEDENT CAUSES	, I evere avaenie.
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	The property of the state of th	seemonths (and alreed
	11	
0 N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
AT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
E	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A. AUTOPSY2(Yes) or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIFICATION	1	168
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, factory, street, a place)	n or about 21 C. WHERE DID (If In Baltimore City, give exact location) lice bldg., INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
×	(APPROX.) While At Not Whi	
	Waik L. At Wark	
	22. 1 certify that (1) (this hospital) attended the deceased from	12-30-7/ 19 10 1-1- 1972
	that (I) (we) last saw the deceased alive on	1972 and that In(my) (our) opinion deoth accurred an the date
	and hour and fram the causes stated obave. (1) (We) (did) (did not)	lew the body ofter death.
	23A. SIGNATURE	23 B. DATE SIGNED
	athe Memor	nding Med. Staff 1 1-72
	23C. PHYSICIAN'S DEGREE Phy	23D. ADDRESS of Table and The Control of The Control of Table and The Control of Table and The Control of Table and
	NAME (Type) ABDUL MATID MEMON MD	Lutheran Hospital, Baltimore, Md (
24A	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY of CEN	130 Harrago. 21 13001 0 1111
	REMOVAL (Specify)	(Sibility
254	Burial 1/4/72 Lake View Memori	
234	AN 5 1972 DAR AS 32 22	25C. FUNERAL DIRECTOR ADDRESS
VE	TOTAL DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS	Gring Byers Funeral Directors P.A. 21133
A.2	50-REV. 1/1/6B	

Such This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death, written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced

		כייר	On	150
G.	NO.	1	CHEN	101

Type or Print)				Z. DATE	AND HOUR OF DEAT	n
Pa	uline H.	Teal		Janu	ary 3, 197	72
L PLACE IN BA	LTIMORE MARYLAND	, WHERE PRO	NOUNCED DEAD	A. STATE B. COU	here deceased lived. If JNTY	institution: residence before admission
ULL NAME O	F IIF NOT IN HO	SPITAL OR INS	STITUTION, GIVE STREET	Maryland		150b
NSTITUTION	ADDRESS OR E	OCA HON		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
1720	N. Ellamo	- m to C to		Badtimore E. STREET AND NUMBER		YES 🔣 NO 🗌
1/23	N. ETTamo	ont St	reet	1729 N. El.	lamont Str	eet
SEX	6. RACE	7- MARRI	ED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Female	Negro	WIDOW	= =	2-16-1919	last birthdayl	Months Doys Hours Min.
M. USUAL OC	CUPATION (Give kind of	work TOR, KIND		Y 11. BIRTHPLA CE (State or lo	teign country)	12. CITIZEN OF WHAT COUNTR
ne during most on HOUSEW	f working tite, even if refire	ed)	ome			
3. FATHER'S N		110	Alle	Maryland	ANAE	USA
	Davis	Former?	il 6. SOCIAL	Addie Bara	ar	
es, no or unknow	d Ever in U. S. Armed	dates of servic	e) SECURITY NO.	17. INFORMANT		ADDRESS
No				Mr. Thomas 7	Teal 1729	N. Ellamont St.
18.4/	2.01		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISE	SE OR CONDITION	DIRECTLY			71	C. C
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(This does	not mean the mode	TH of dying, e.	0		Mrome	Box1 19 Staut
(This does	not mean the mode	TH of dying, e. ons the disea sed death.)	0		a Mrome	BOY MSTank
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(This does heart failure injury or continuity or continuit	DEADING TO DEA' not mean the mode, asthenia, etc. It me mplication which cause ANTECEDENT CAUSO OR CONDITIONS, the above cause (L. GEONDITION last. II FICANT CONDITIONS THE BUT NOT RELATED TO CONDITION GIVEN IN FOPERATION 1982 C WAS I WAS UNDERLYTHE INT WAS UNDERLYTH INT WAS UNDE	of dying, e. ans the diseased death.) SES if any, giving the diseased death.) CONTRIBUTING THE TERMINAPART 1 (A). ONDITION FOR PERFORMED on (Hour) ital) attended assed alive as	DUE TO, OR AS (B) DUE TO, OR AS (B) DUE TO, OR AS (C) GAL R WHICH OPERATION PRESENTED STREET (C) CIE INJURY OCCURED While At Not While At Work d the deceased from (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No. 1971) 20A. AUTOPSY? (Yes or No. 1971) 21F. HOW DID IN 1971 Cecla DI O 208, IF YES, WERE IN CERTIFYING C. (If In Baltima IJURY OCCUR? 19 55 to D hot In(my) (our) op	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location) Out: 3 1992	
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This does heart failure injury or continuity or continuity or continuity or continuity of the death of the de	DEADING TO DEA' not mean the mode, asthenia, etc. It men implication which cause ANTECEDENT CAUSO OR CONDITIONS, the above cause (L. GE CONDITION last. IFICANT CONDITIONS OF THE BUT NOT RELATED TO CONDITION GIVEN IN FOPERATION 198. C WAS I ENT WAS UNDERLYING UNING CAUSE OF The WAS INTERPRETATION INTO CAUSE OF THE THE CONDITIONS OF T	of dying, e. ans the diseased death.) SES if any, giving the diseased and the diseased alive and the diseased alive and the distated above.	DUE TO, OR AS IN THE INJURY OCCURRED While At Not White At Work It is injury occurred to the deceased from the deceas	20A. AUTOPSYT (Yes or Note to bldg., INJURY OCCUR? 21F. HOW DID IN 19 7/ ond to wiew the body after death. 23D. ADDRESS 6810 Park He	Cecla Di O 208. IF YES, WERE IN CERTIFYING C. (If In Baltima IJURY OCCUR? 1955 to Delin (my) (our) op Staff Delin (my) (our) op Staff Avei	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location; Out: 3 1972 Inlan death occurred on the date of the da
This does heart failure injury or continuity or continuity or continuity or continuity of the death of the de	LEADING TO DEA: not mean the mode, asthenia, etc. It me, mplication which cause the mplication which cause the conditions of the mean of the mode of the mplication which cause the condition of the mode of the cause of the mode of the	of dying, e. ans the diseased death.) SES if any, giving the diseased and the diseased alive	DUE TO, OR AS IN THE PLACE OF INJURY (e.g., one.) THE INJURY OCCURRED While At Not White Many one, one, one, one, one, one, one, one,	20A. AUTOPSY? (Yes or No. 1971) OCCUR? 21F. HOW DID IN 1971 Ond the wiew the body after death. 23D. ADDRESS 6810 Park Helematory 24D.	Cecla Di O 208. IF YES, WERE IN CERTIFYING C. (If In Baltima IJURY OCCUR? 1955 to Delin (my) (our) op Staff Delin (my) (our) op Staff Avei	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) AUSES OF DEATH? DIE City, give exact location) 238, DATE SIGNED 1972

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FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the hip; and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	T 10=	BALTIMORE CITY	HEALTH DEPARTMENT		70 000-1
	7-625 72 00051	CERTIFICA	TE OF DEATH	REG. NO	72 00051
	Type or Print A		2. DATE AN	D HOUR OF DEATH	- 36.
-	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE	Iruxon	HA HISHAL BESIDENCE/Who	3/70	1 2 3 M.
	WHERE PRONOUNCE	ED BEAD	A. STATE B. COUN	TY	stitution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		ma.		1603
1	1 lash maler 10. Ans	ما	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	- IU lindia ave		E. STREET AND NUMBER	Q.	YES NO
-	607 Fennsylvania a			chester	Street
	SEX 6. RACE 7. MARRIED N	SEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors	
	Female nears WIDOWED X	DIVORCED	3-3-1888	last birthday	Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give king of work 108. KIND OF BUS		11. BIRTHPLACE (Stote or lorein	gn country) (1/07)	12. CITIZEN OF WHAT COUNTRY?
100	Mousewise Hor	ne	West Poin	t. Va	000000
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	934
	John MARSH		01		3.84
1	5. Was Deceased Ever in II. S. Armed Forces?	SOCIAL	17. INFORMANT	moores	ADDRESS
11		SECURITY NO.			
1	18, /// 2 2 4/ 0/2	0-24-8146 CAUSE OF DEATH	Mrs. Hilda Ed	wards 2408	Winchester St.
	DISEASE OR CONDITION DIRECTLY	enous of DEATH	Gilliosel	love	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	Teat the	sease)	May
	IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:	****************	
	injury or camplication which caused death.)	11-1	2.0		
	ANTECEDENT CAUSES	(B) COL	I Meur	yen	Jyrs,
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE 10, OR AS	A CONSEQUENCE OF:	1	-
	UNDERLYING CONDITION last.	(c) lleve	alized a	levorele	Soy
1	11	00 .	10 10	71	1 2 .
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Munen	a gractive	/ while	lose syrs,
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	H OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES WERE EN	NDINGS CONSIDERED
	O WAS PERFORMED			IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING CAUSE OF home los	E OF INJURY le.g., in	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
	DEATH Inotity medical examined	I consider the constant of	or order occor.		
	- IOL HIJOKI	RY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
1	(APPROX) While At	Not While			
	22. I certify that () (this hospital) attended the de		2 April 10	6910 3	TAN 10 72
	that (1) (we) last saw the deceased alive an 2	O Dec	71	_	an death accurred on the date
	and haur and from the causes stated above. (1) (We			, , , , , , , , , , , , , , , , , , , ,	an death decorred on the date
	23A. SIGNATURE		/		23B, DATE SIGNED
	Tichard Vyson, M.D.	After Phys.	ding Med. S	hys.	3 JAN 72
	23C-PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		7
	Richard Tyson, M.D.	DEGREE	36 West North	Avenue Ba	altimore Md. (17)
2.	A. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (Stote)
	Burial 1-6-1971 Mt. A	uburn Cem	etery Ba	ltimore	Maryland
2.	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC	DISTRAR	25C FUNERAL DIRECTOR		ADDRESS
	UNIVO BYZ VOUCE E VERE	Ar A	NOTTER TUNE	RAL HOME 3	035 W. NORTH AVE
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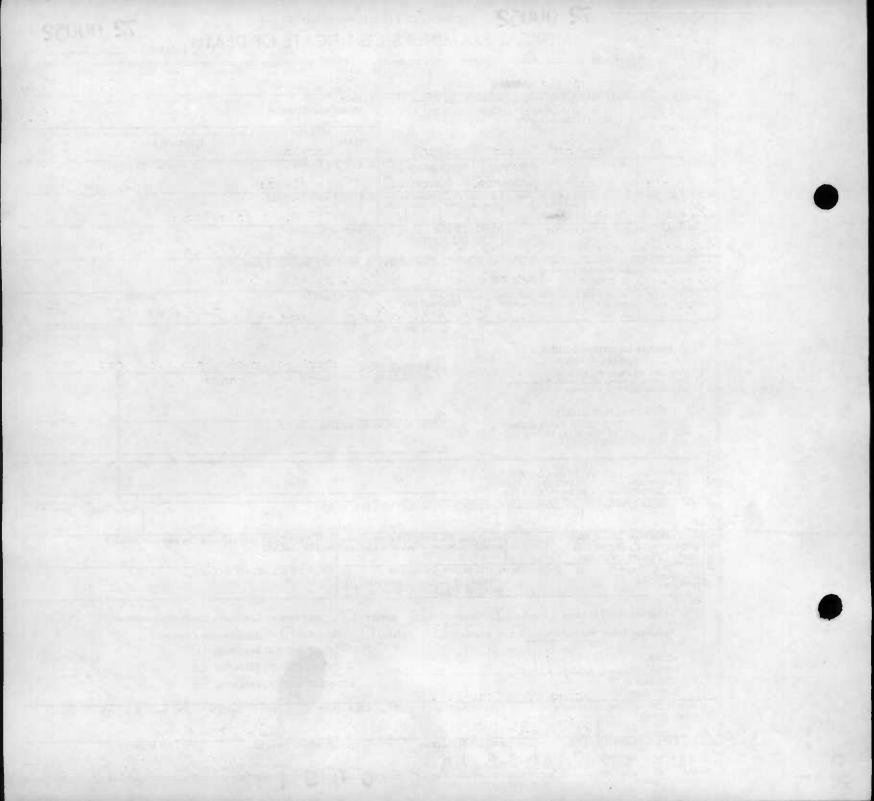
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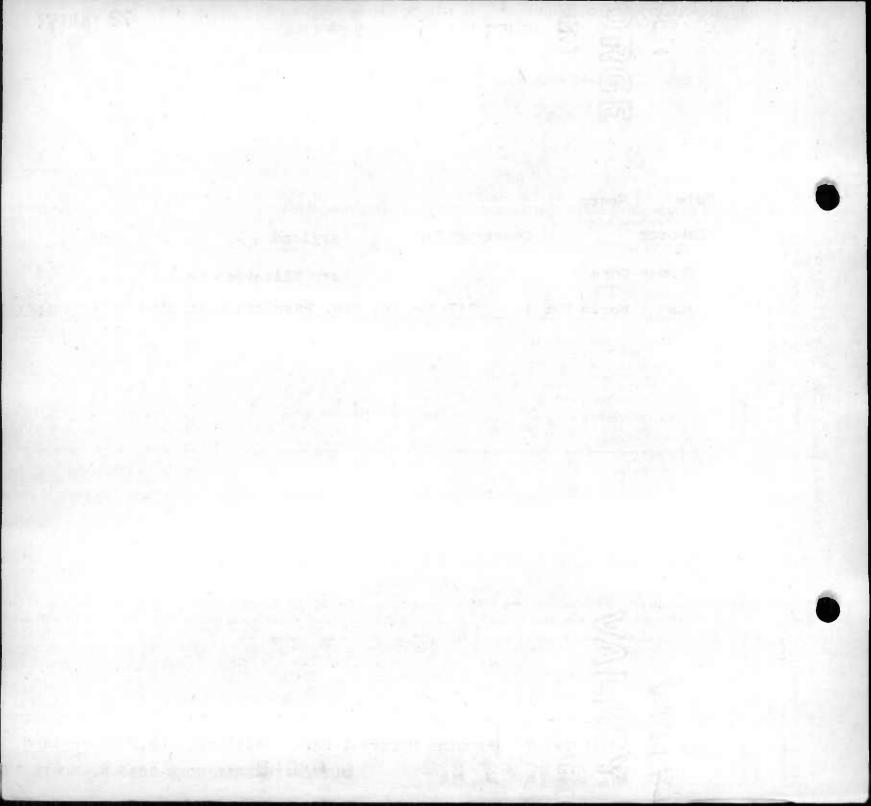
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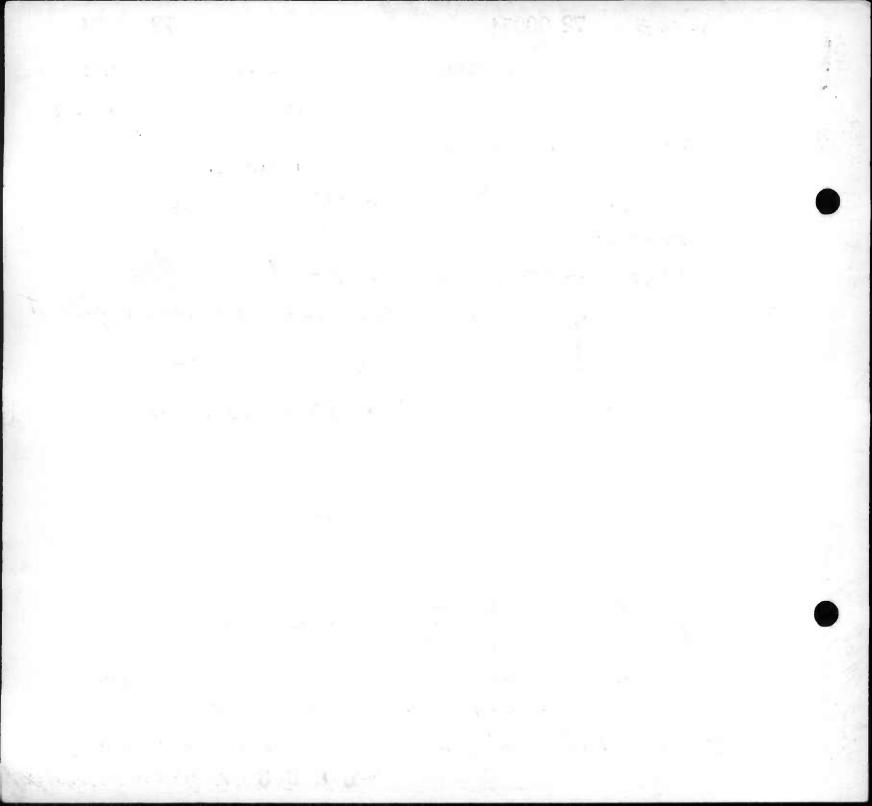
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a hospital and

	BALTIMORE CITY	Y HEALTH DEPARTMENT	72 000=0
D-620	00053 CERTIFICA	TE OF DEATH REG. NO.	78 UUU53
1. NAME OF DECEASED (Type or Print) ORSE	Y, ALPHONSO	2. DATE AND HOUR OF DEATH	t 6,00 A.M.
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in: A. STATE B. COUNTY	stitution: residence before admission
HOSPITAL OR ADDRESS OR LOC	0	Md 24246 C. CITY OR TOWN D. INSI	DE CITY LIMITS?
Lutheran Ho:	spital of Maryland	Baltimore	YES 🔼 NO 🗌
-6730 Ashburton Baltimore, M	Street- 1d. 21216.	250/ Elsinore Ave,	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Male Negro	WIDOWED X DIVORCED	3/17/1891 80 415-	
10A. USUAL OCCUPATION (Give kind af wa done during most of working life, even if retired)		111. BIRTHPLACE (State ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
Laborer	Construction	Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Thomas Dorsey		Mary Fligshoth Passa	
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give wor or da	orces? orces? 1 6. SOCIAL SECURITY NO.	Mary Elizabeth Boyce	ADDRESS
yes World War	01 = 00 064	8 Mrs. Patricia Holtzcl	aw 2501 Elsinor
18. 2 5 0 41	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION D		0	F 1
LEADING TO DEATH	(A) IMMEDIATE CA		5 days
(This does not mean the mode of heart failure, asthenia, etc. It mean	ns the disease,	A CONSEQUENCE OF:	
injury ar complication which cause		boto : III	
ANTECEDENT CAUSE		abetes with gangrer	18
DISEASES OR CONDITIONS, if	011/1 9111119	of left 4th &5-Th toes	5.
UNDERLYING CONDITION last.	(c)		
Z 11	CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PARTIES.	THE TERMINAL		
	INDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
199. DATE OF OPERATION 199. CO WAS PE	ERFORMED	NO.	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)	21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltimor office bldg., INJURY OCCUR?	e City, give exact location)
21D.TIME (Month) (Day) (Yeo	or) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh		
(11111111111111111111111111111111111111	Work L At Work		1 1 1 1 2 2 2 2
	15 1 1 1 1 1 1		
	1/1/107		
that (1) (we) lost sow the deceo	sed olive on 1/4/197	2 19 and that in(my) (our) opi	
that (1) (we) lost sow the deceo	1/1/107	2 19 and that in(my) (our) opi	nion deoth occurred on the do
that (1) (we) lost sow the deceo	sed olive on 1/4/197	2 19 and that in (my) (our) opi	nion deoth occurred on the do
ond haur ond fram the causes st	rared obove. (1) (We) (did) (did not)	2 19 and that in (my) (our) opi	238, DATE SIGNED
that (1) (we) lost sow the deceo	sed olive on 1 4 197	2 19 and that in (my) (our) opi	238, DATE SIGNED
that (1) (we) lost sow the deceo- ond haur ond from the couses st 23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE	sed olive on 1 4 197	2 19 and that in (my) (our) opi view the body ofter deoth. tending Med. Stoff phys. 23D. ADDRESS Lutheran Hospit	238, DATE SIGNED
that (1) (we) lost sow the deceo- ond haur ond fram the causes st 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	PESH PENKAR DEGREE 24C. NAME of CEMETERY or C	2 19 and that in (my) (our) opi view the body ofter deoth. tending Med. Stoff ys. 23D. ADDRESS 23D. ADDRESS Lutheran Hospit EREMATORY 24D. LOCATION (Circles)	23B, DATE SIGNED 1/4/1972



	1 21/2 // 11/15/	HEALTH DEPARTMENT TE OF DEATH REG. NO. 72 00054
oital and of death Deceased e on the ath. Such	BIRTH NO.	TE OF DEATH REG. NO. 72 00001
	1.NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
	NOAH SMALLWOOD 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	1-1-72 1:18 AM M. 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND 1001
	THE JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN BALT IMORE D. INSIDE CITY LIMITS? YES NO
	99 THE SOME HOLKING HOST TIME	E. STREET AND NUMBER 1012 A I SQUITH S.
	5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 7 9. AGE (in years 7 If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
ľ	MALE NEGRO WIDOWED DIVORCED	11/23/ 1867 106
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) FARM BR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	MARK SMALLWOOD	Lydia!
	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor of dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	239-48-5945	SUSIE SMALLWOOD 1012 august D
	18. 4 / O , Y CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	
į	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAU	SE DEAD ON ARRIVAL
	injury at camplication which caused death.)	
		YOCARVIAL INFARCTION
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS a rise to the above cause (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
ı	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (C.G., IN	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	An advisor to the last to the	
	DEATH (notify medical examiner)	CE DIAGO, INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While	21F. HOW DID INJURY OCCUR?
١	Work At Work	
	22. I certify that (1) (this haspital) attended the deceased from	1919
	that (M (we) last saw the deceased alive an DEAU AW ARRIV	# 19 1/1/72 and that in (h) (our) apinion death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (A) vi	
	23A. SIGNATURE Attendary	ding Med. Staff 238, DATE SIGNED
	DECREE PRYS.	Director Phys.
	Harvey G. Klein, M.D.	The Johns Hopkins Hospital
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREM	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	g.a. County. hid
	JAN 5 1972 Page 8 5 20 7 2 0	25C. FUNERAL DIRECTOR ADDRESS ADDRESS OF 1304 M. Cantal Of
1	VS 150-REV. 1/1/68	The state of



ASSOCIATE MEDICAL EXAMINER

25C. PUNERAL DIRECTOR

24D. LOCATION

(City, lown, or county)

ADDRESS

(Stote)

EXAMINER'S

NAME (Type)

25A. DATE REC'D BY HEALTH DETT.

24A BURIAL CREMATION,

REMOVAL (Specify) Sour: W

VS 151-REV. 1/1/68

Werner U.

24B. DAT

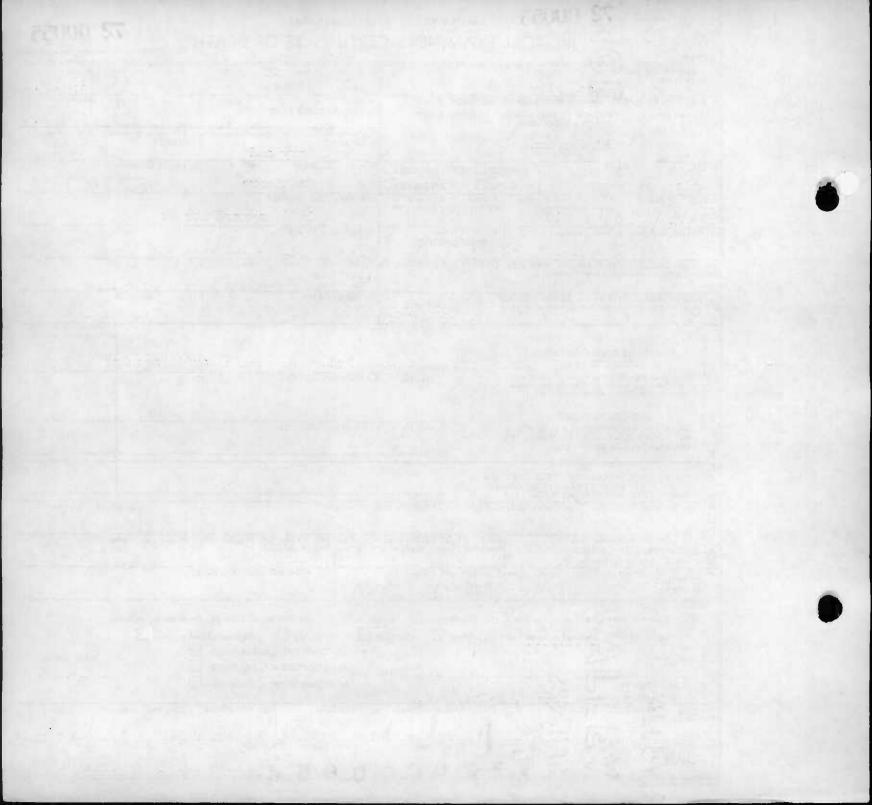
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Sbitz.

25B NAME OF REGISTRAR

M.D

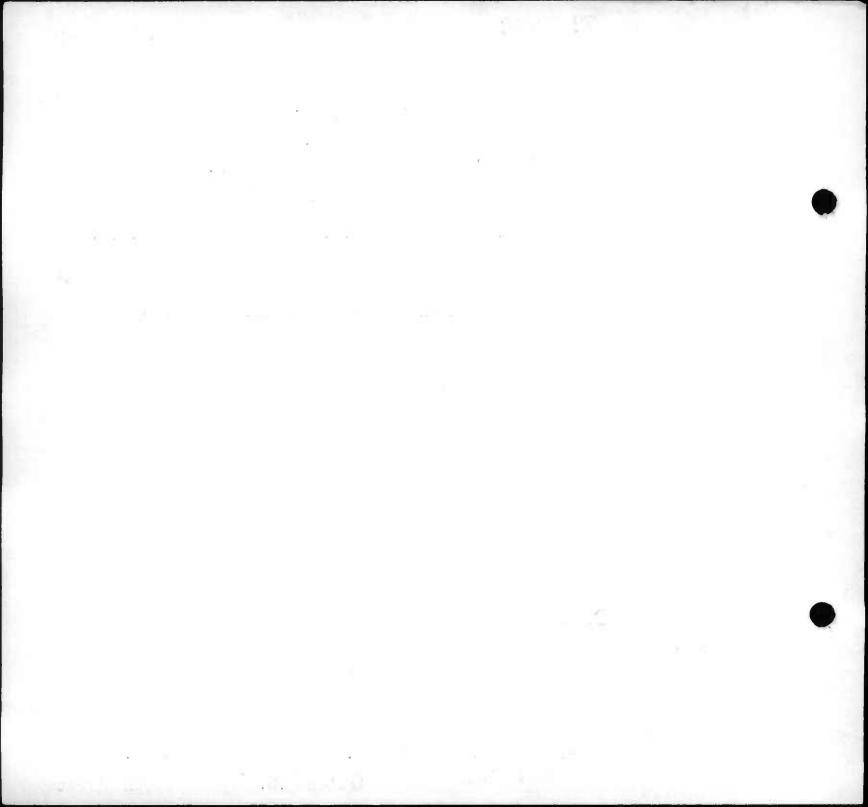
24C. NAME of CEMETERY OF CREMATORY



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospitol and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

Ri	Z-600)	72 00	056	BALTIMORE CERTIFIC		TH DEPARTMENT		No. 7	2 00056	
1.	NAME OF DECI	ASED						AND HOUR OF	DEATH		
	N Comment	IMORE MA	J.	ohn	Farr	04.00	IAL DECIDENCE	1-1-72			M.
FI	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT	IN HOSPITA	AL OR IN	STITUTION, GIVE STREET	c. cit	Md.	JUNIT	D. INSIDE CI	_	Imission)
	Tb	Lu	thera	n Ho	sp.		733 Thoma	as Ave.			- 134
IV	ale	Megro	id	7- MARR	ED DIVORCED	8. DAT	e of birth 18–00	9. AGE (in yolos) lost birthday)	eore If L Mon	Inder 1 Yr. If Under this Doye Hours	24 Hrs. Min.
do	retire	Oking life, eve	an if retired) 1	Amer	OF BUSINESS OR INDU		THPLACE (Stote or	foreign country!		CITIZEN OF WHAT C	OUNTRY?
	FATHER'S NAM		Edwa		arr	14. MC	THER'S MAIDEN	Mary Da	vis		
15. (Ye	Woe Deceased	ver in U. S. If yes, give	Armed Forc	ea? of service	1 6. SOCIAL SECURITY NO.	17. INF	DRMANT			ADDRESS	
_	no				212-10-10	96 Li:	Llie Gre	gory	sam	e	
	(This does na hearl failure, a injury or camp	EADING TO I meen the sthenia, etc lication whi NTECEDENT CONDITION above co	made of . Il means in ch caused of CAUSES ONS, if an ause (A)	dying, e the disea death.)	(8)	CAUSE AS A CONS		Long	<i>J</i> .	APPROXIMATE IN BETWEEN ONSET AN	FERVAL ID DEATH
CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOT RE	LATED TO THE	E TERMIN	AL	***************************************					
ERTIFIC	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED					20 A.	AUTOPSY? (Yes or	No. 208 IF YES, IN CERTIFY	WERE FINDIN	GS CONSIDERED OF DEATH?	
MEDICAL C	21 A. ACCIDENT OR CONTRIBUT DEATH (notify n	NG CAU	SEOF	- 1	21& PLACE OF INJURY (e. home, form, factory, street etc.)	g, in or obou Laffice bldg.	121C. WHERE DID INJURY OCCUR?	(If In	Baltimore City,	give exact location)	
	(APPROX)	Month) (Do			Work LJ At W		21F. HOW DID I	NJURY OCCUR?			
	22. I certify that (I) (we) I	at (1) (this	haspital)	attende	the deceased from	***************************************		ta		19	
	and have and	ram the ca	uses state	d abave	n , (i) (We) (did) (did na:	!: t) view the	bady after death	that in (my) (a	ur) apinian d	eath accurred an ti	ne date
	23C. PHYSICIAN NAME (Typ	n do	m da	bn	SADUN DEGREE	Attending I	Med. Director	Stoff Phys. D		PATE SIGNED	14.
24A	BURIAL CREM.	ATION, 248.	DATE	24C.	NAME of CEMETERY OF	REE CREMATORY		LOCATION		, or county) (S	itotel
	-				Mt. Calvery	7 Cem.		Ba	lto, M	d.	
J/	AN 5 197	2 Pas	EPT.	SE NAM	OF REGISTRAR	25C.	FUNERAL DIRECTO	V.Bail	еу	ADDRESS un Street	
/S	150-REV. 1/1/6B	6-				1		1,740	<u>V61.110</u>	ALL DOLCED	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cwas D.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased prior to death); and (6) No physician was in regular attendance on the deceased privation approval must be obtained before the remains are embalmed or final disposition is made.	

00057 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 1-3-72 ILWAIN VIOLA 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION MD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? RALTIMORE YES X NO E. STREET AND NUMBER 3119 DAKFORD AVE. #15 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Y& Il Under 24 Hrs. 30 WIDOWED DIVORCED 09 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME LINdSA 15. Was Deceased Ever in U. S. Armed Forges? (Yes,no or unknown) (If yes, give war or doles of service) 6. SOCIAL ADDRESS SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE HEPATIC (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES CIRRHOSIS LIVER DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. ALCOHOLISM П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exect location) MEDICAL DEATH Inotify medical examined OF INJURY (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Nol While While At [APPROX.] Work At Work 22. I certify that (1) (this haspital) attended the deceosed from that (1) (we) last saw the deceased alive on ond that in (my) (aur) opinion death occurred an the date and hour and fram the causes stated above. (1) (We) (did) did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending | Phys. Director DEGREE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS OROSE LAN 3 MAMILL 24A. BURIAL CREMATION, 24C. NAME OF CEMETERY OF CREMAPORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Speci 25C TUNEFAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME QE REGISTRAR ADDRESS VS 150-REV- 1/1/68

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VS 151-REV. 1/1/68

1-12-72 - Letter from - Office of the Chief Medical Examiner, Werner U. Spitz, M.D.
Deputy Chief Medical Examiner

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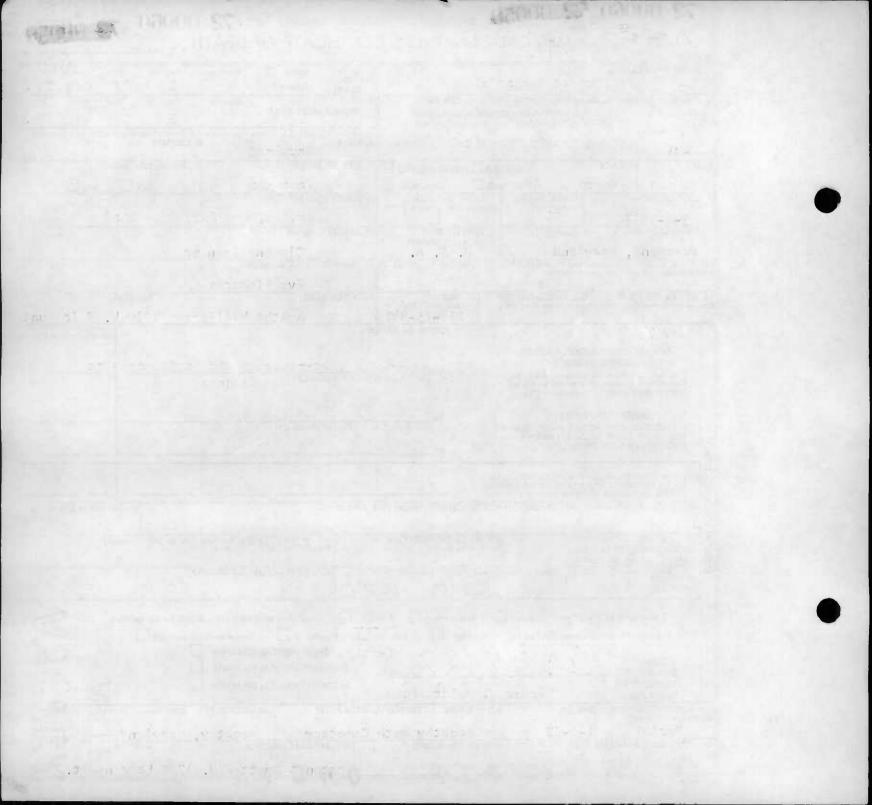
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deceased 0.0

BALTIMORE CITY HEALTH DEPARTMENT 60-34-26 csk REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD COUNTY Maryland Anne Arundel (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO A Baltimore City Hospitals E. STREET AND NUMBER 4940 Eastern Ave. 003 Phoenix, Md. 21131 Baltimore, Md. 21224 9. AGE (In years If Under 1 Yr. Months: Days S. SEX B. DATE OF BIRTH If Under 24 Hrs. 7. MARRIED NEVER MARRIED last birthday Hauis WIDOWED DIVORCED Male Negro 10A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or 12. CITIZEN OF WHAT COUNTRY? done during mast of warking life, even if retired) 13. FATHER'S NAME S. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 4940 Eastern Ave. BCH Records: Baltimore, Md. 21224 USE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MIMMEDIATE CAUSE (This does not meon the mode of dying heart foilure, osthenio, etc. It meons the disease DUE TO, OR AS A CONSEQUENCE OF injury or complication which coused deales ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoling UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19 A. DATE OF OPERATION 19B. CONDITION FOR WHIC OPERATION 20A. AUTOPSY? (Yes or Na) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Boltimore City, give exact location) hame, farm, factory, street, office bldg., INJURY OCCUR? DEATH (natify medical examiner) MEDIC, MOM 21 D. TIME (Month) (Day) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Yeor) 30 While At OF INJURY Not While (APPROX.) At Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my)/ (aur) aginian death accurred an the date and have and from the causes stated above (1) (We) (did) (did not) view the bady after death. 23A/SIGNATURA 23 B. DATE SIGNED Attending | 23C. PHYSICIANS
NAME (Type)
Geoffrey M. 23D. ADDRESS Baltimore City Hospitals M.D Graeber 4940 Eastern Ave. Baltimore, Md. 21224 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATOR 24D._LOCATION (State) REMOVAL (Specify EVENSON TE REC'D BY HEALTH DEPT UNERAL DIRECTO ADDRESS

made sposition 0 mbalmed 0 remains must approval VS 150-REV. 1/1/6B EDICAL EVA AMNIEDIS CEDTUSCATE OF DE

BIRTH NO.		7714	NOAL		AMINER'S		CAIL OI	DLAI	REG. NO			
1. NAME OF DI		most I	Richard	1.0		2. DATE OF	Known 3	Month	Day	Year	Hour	
4 DI ACE IN C						DEATH	Estimated	1	3	72	10:00	PN
4. PLACE IN 8/						3. DATE PRONOI	UNCED DEAD	Month	Day	Year	Haur	
HOSPITAL OR INSTITUTION	ADDRE	ESS OR LOC	ATION)	.01101	N, GIVE STREET			1	3	72	10:00	P
	Bon	Seco	ırs Hos	spi	tal	S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission A. STATE Maryland Maryland						ian)
6. SEX	7. RACE		8. MARRIED NEVER MARRIED			C. CITY OR TOWN D. INSIDI				E CITY LIMITS?		
Male	Negr	0	WIDOWE	WED DIVORCED			Pasadena	ı	,	YES NO X		
9. DATE OF BIR		10. AGE (n years N	If Unde Aonths	or 1 Yr. If Under 24 Hrs. Days s Haurs 1 Min.	E. STREET	ND NUMBER	n 20	.0			
3-6-19		54		0 617	751 05	10 64711	Rt. 10,	Box 3	12, Wood	Road		
			"		IZEN OF IAT COUNTRY?	13. FATHER						
Pasader	na, Mary	/ land	ILAR KINID (U. S. A. SINESS OR INDUSTRY	ALS MOTHER	Clemons	Spen	cer			
dane during most of	working life, ev	en If retired)	THE REAL PROPERTY.	OF BU	SHAESS OK HADOSIK	I I S. MOINE						
16. WAS DECEA	SED EVER IN	IIS APME	D EOPCES2	- 11	7. SOCIAL	18. INFORA	Eva Ric	chards		ADDRESS		
Yes, no or unknow	n) (If yes, give v	war ar dates	of service)		SECURITY NO.							
119.					218-05-4429 CAUSE OF DEA		Agatha	Willia	ams 2		Fairmo	
412	· 4 I				CAUSE OF DEA	111					ZEN ONSET AN	
heart failur Injury ar co DISEASES RISE TO TH UNDERLY	and mean the re, asthenia, etcomplication which which will be a supplication with the condition of the condi	ch caused de CAUSES ONS, IF AN USE (A) STA	e disease, oth.)		(B) DUE TO, OR	AS A CONSEC	d	lisease	2			
Z (c)												
O THE DI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).											
20A. DATE C				OR W	HICH OPERATION W	S PERFORM	ED			I21. AUTO	PSY? (Yes ar	Na)
82	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED									Ye		,
O LINIDEDIVINI	UNDERLYING TOP CONTER Income, form, factory, street, affine hide etc. INITIPY OCCUPY							re City, give ex				
UTING C	(Manth) (D	(TH. Yea	r) (Haur)	1225	INJURY OCCURRED	2	2F. HOW DID INJ	LINY OCC	IDO			
OF INJURY (APPROX.)	() (2	,0,, (100			LEAT TO NOT	WHILE	HOW DID HA	OKT OCCI	JK!			
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	rtify that h					topsy L	and that on th			_		
resu	ited from N	atural cau	ses Lat	Acc	Ident Sulcid				ned manner	Ш		
ACTUA	1 //	UIA	111	, 1	CO De	1 3	HIEF MEDICAL E		kl kl		DATE SIGN	ED
	SIGNATURE											
NAME		We	erner (U.	Spitz, M.D.	ASSO	CIATE MEDICAL E	XAMINER		1	4-72	
24A. BURIAL CRI REMOVAL (Spec	EMATION. 12	48. DATE			NAME of CEMETERY	or CREMATO	RY 24D. I	LOCATION	(City, low	n, ar caunty)	(Stote)
Buria	1	-6-72		1	agathy Meth	Cemete	ery M	agath	, Mary	land		
25A. DATE REC'E	BY HEALTH	DEPT.	258. NA		FREGISTRAR		UNERAL DIRECTO			ADDRESS		
JAN 5	1972	Page 8	A 307	2	Seal To	Mon	on & Dyet	t F H,	1701 [aurens	St.	
/S 151-REV. 3/1/6	58	Α.		1	wide me	-	1 12 1					



	RE CITY HEALTH DEPARTMENT	my o
C-400 MEDICAL EXAMIN	NER'S CERTIFICATE OF DEATH REG. 1	10 72 000GT
BIRTH NO. 1. NAME OF DECEASED		
(Type or Print) WILLIE COLE	OF CHILD	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	DEATH	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST HOSPITAL ADDRESS OR LOCATION)	REET PRONOUNCED DEAD 1 3	1972 11:32a M.
OR INSTITUTION 1760 E. North Ave.	5. USUAL RESIDENCE (Where deceosed lived, if Instit A. STATE B. COUN	ution: residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER A	Md.	E CITY LIMITS?
	D-10	
AIDOMED DI	VORCED J BAILO. Juder 24 Hrs. E. STREET AND NUMBER	YES X NO
Aug 15, 1918 Ost birthdoy) 53	1760 E. North Ave.	
11. BIRTHPLACE (State or foreign country) Cloud, South Carolina 12. CITIZEN OF WHAT SOUT		
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS of done during most of working life, even il retired)	DR INDUSTRY 15. MOTHER'S MAIDEN NAME Bessie Cole	THE TOTAL
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIA SECUR	ITY NO. Mrs. Queen E. Cole 210	ADDRESS + E. Federal St.
19. () // CAI	USE OF DEATH	APPROXIMATE INTERVAL
Activ	ve pulmonary tuberculosis	BETWEEN ONSET AND DEATH
LEADING TO DEATH		
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose,	DUE TO, OR AS A CONSEQUENCE OF:	***************************************
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPI		••••••••••
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OP	ERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
2		PARTIAL
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, foctor UTING CAUSE OF DEATH.	INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, giv- ry, street, office bldg., etc.) INJURY OCCUR?	e exact location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY	OCCURRED 22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT WORK	NOT WHILE AT WORK	
23. I certify that I held an Inquiry Inspection	PARTIAL	my opinion
resulted from: Matural couses Accident		er 🗆
71 16/2 1	CHIEF MEDICAL EXAMINER	Translation and the
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S NAME (Type) Russell S. Fisher,	ACCOCIATE MEDICAL EVALUATED	1-3-72
	CEMETERY or CREMATORY 24D. LOCATION (City,	town, or county) (State)
Burial 1-7-72 Mt.	Auburn Cemetery Baltimore, M	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST		ADDRESS
JAN 5 1972 Robert & Frakes MI	Morton & Dyett F. H. 1	/UI Laurens st.
VS 151-REV, 1/1/68	0 0 0	

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satisfies, and the same of the

. 22 Language and Language F. I. I. The Learning St.

1-3-72

(Stote)

24D. LOCATION (City, town, or county)

Balto., Md.

25C. FUNERAL DIRECTOR V. Bailey ADDRESS

Russell S. Fisher, M.D.

258. NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

Mt. Auburn Cem.

248. DATE

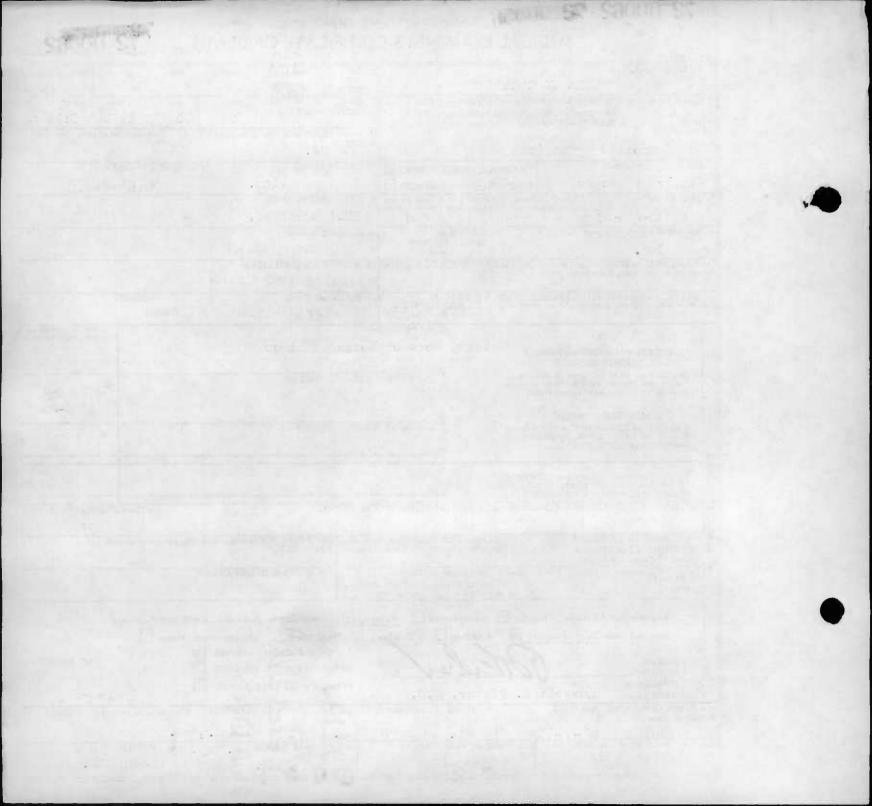
NAME (Type)
24A. BURIAL CREMATION.

Buria.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

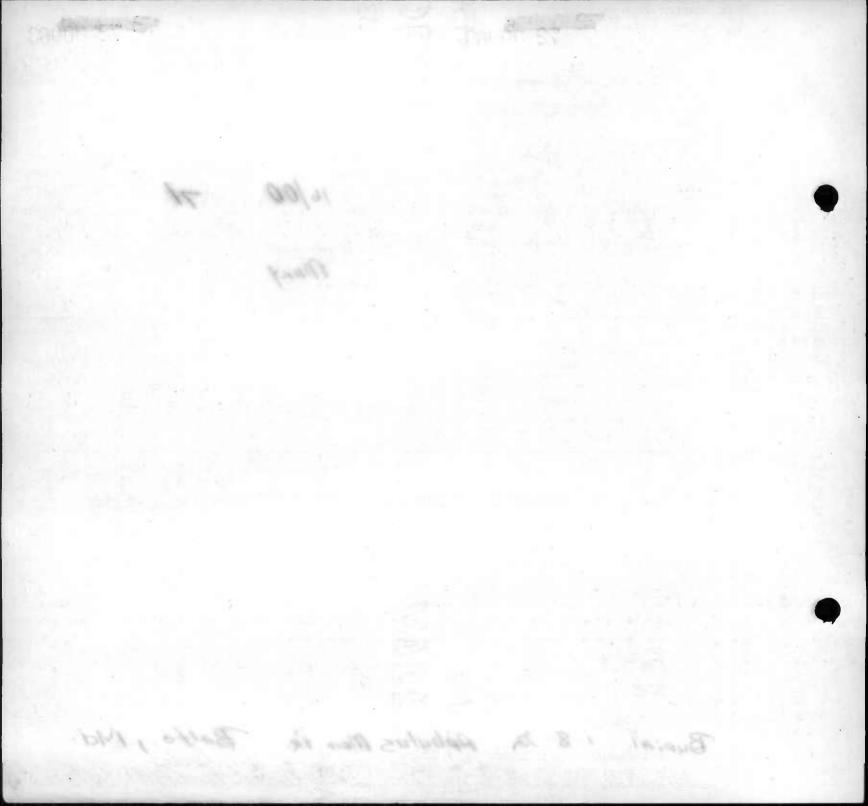
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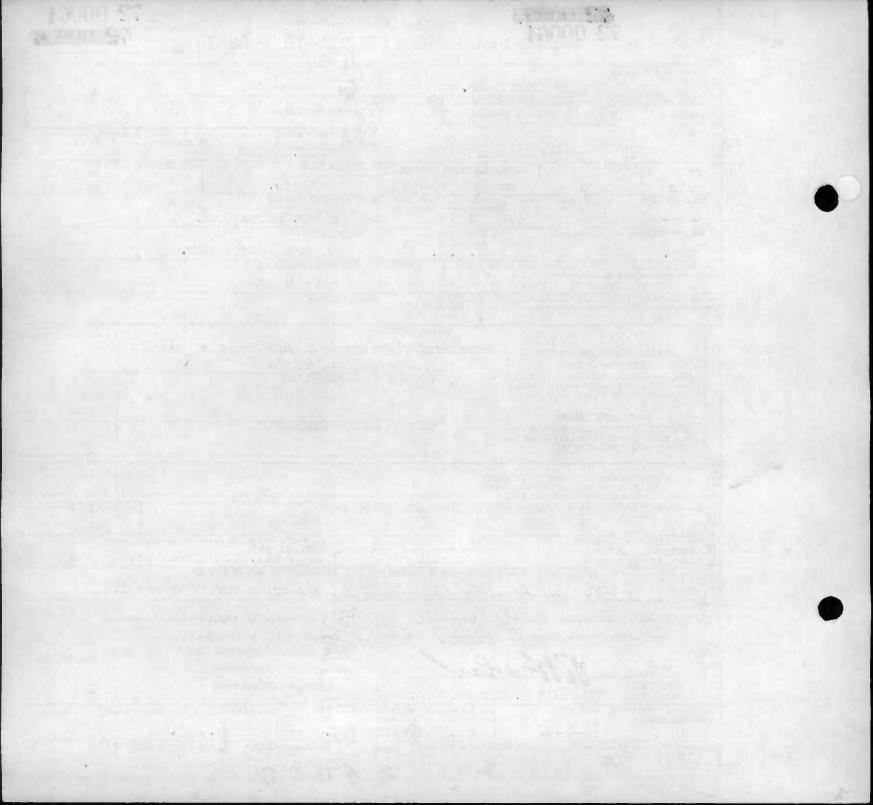
FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CITY HEALTH DEPARTMENT	
	BIRTH NO. 72 111063 CERTIFICATE OF DEATH REG. NO. REG. NO.	3
	1. NAME OF DECEASED 7. LYVERS 2. DATE AND HOUR OF DEATH TANK 5, 1972 5:15	Am.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit a. STATE B. COUNTY	ssion)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	- I
3	Officent manor Missing Batternove YES NO	
-	4615 Park Hots. Av. Home 1635 N. Fulton av	7
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months; Days Hours; M	Hrs.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR, INDUSTRY 1.1. BIRTHPLACE (Stote or foreign country) done during most provided by the state of	NTRY?
	13. FATHER'S NAME	
	Muky	- 1
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WHE 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WHE 18. SOCIAL SECURITY NO. 17. INFORMANT 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 19. WHE 18. SOCIAL SECURITY NO. 19. SOCIAL SECUR	7
	18. 410.9 14 250.9 CAUSE OF DEATH	
	LEADING TO DEATH (A) IMMEDIATE CAUSE Acute Myscardial	-1-
	(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF:	710
	ANTECEDENT CAUSES (B) arterior cleratic Heart des, unk	www
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	www
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact location)	
	OR CONTERRITING CALISE OF home form foctory street office bide INTURY OCCUR?	
	DEATH (notify medical examiner)	
	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? While At No. White	
	22. I certify that (I) (this haspital) attended the deceased from	7
	that (I) (we) last saw the deceased alive an	date
	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.	
	23A. SIGNATURE Attending Med. Shoff Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 25B. DATE SIGNED	
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
	D; W; DEWAK, DEGREE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Str.	12/6)
	REMOVAL (Specify) 1. 3 72 Dabute M. R. Palto Md	0.107
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	an
	JAN 5 1972 P. G. A. E. A. L. A. S. Der Bureral Honce 1348 N. Calhaun	le le

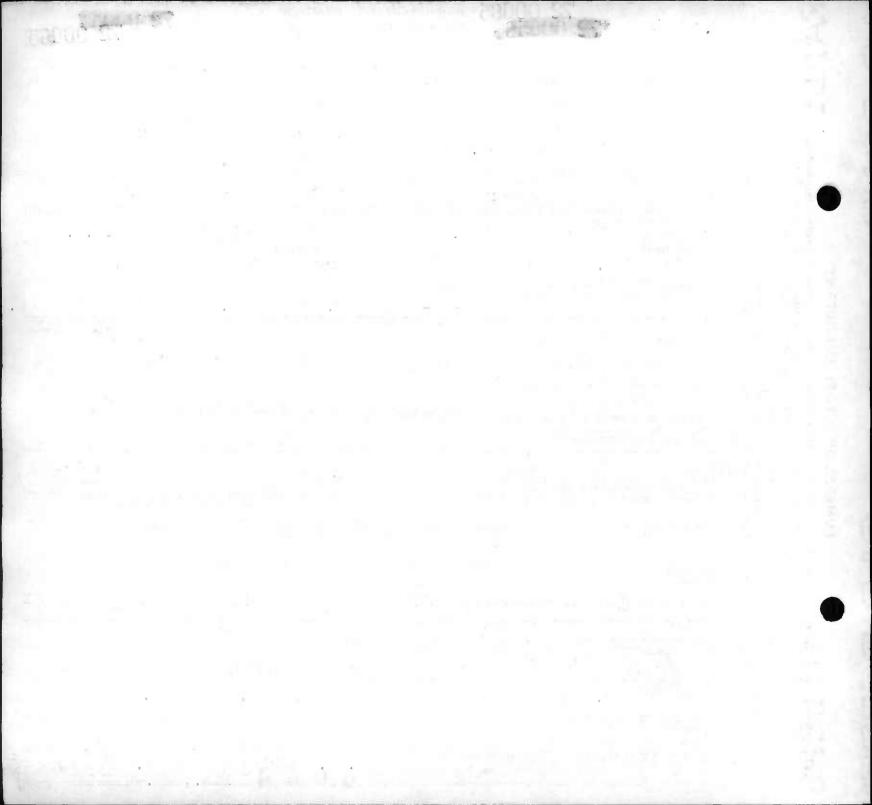


	M-35	072	OMED	ICAL		TIMORE CITY HE				DEAT	TH REG. NO	72 0	006	
BIR	TH NO.										REG. NO			
Typ	NAME OF DEC		BERT M	ADDEN	Jr.		2. DATE OF DEATH		nown 🔲	Month	Doy	Year	Hour	
4.	PLACE IN BAL						3. DATE			Month	Day	Yeor	Haur	М.
HO	L NAME OF	(IF NO	T IN HOSPITA	LORINS	TITUTION, C	GIVESTREET			D DEAD	1	2	1972	4:20	I M
OK	NOITUTION 3	Johns F	Hopkins	Hosi	oi tal		A. STATE	RESIDE		e deceased	B. COUNTY	an: residence b	elare admis	usian)
6. 5		7. RACE	LO PAVELLO			EVER MARRIED	C. CITY C	RTOW	N		D. INSIDE	CITY LIMITS?		
	male	negr	co	WIDOV		DIVORCED		Ва	alto.			YES 🗵	10 0	
9. [ATE OF BIRT		10. AGE (In	yeors	If Under I	Yr. If Under 24 Hrs.		AND I	NUMBER	-				
8	-16-04	,	last birthdoy	67	Months E	loys Hours Min.	1	653 1	N. Milt	on Av	e.			
11.	BIRTHPLACE (S	state or loreig	in country)		12. CITIZ	COUNTRY?	13. FATH		No. 27		-			
	Md.								rt Ma		Sr.			
14A done	.USUAL OCCU during most of v	PATION (Giv	e kind of work i	148. KINE	OF BUSII	NESS OR INDUSTR								
	Cha	uffeu	r						John	son		79 0	377	
16. (Yes	WAS DECEAS	ED EVER IN	war or dotes	FORCE:) 17.	SOCIAL SECURITY NO.	18. INFO		200			ADDRESS		
_	no				_			nle	Madde	n	same	APE	ROXIMATE II	NTERVAL
	19. E81	4./1	450	301	7_	CAUSE OF DEA			1			BETWI	EN ONSET A	
			TION DIREC	CTLY	Frac	tured rig				ınjurı	es comp	licated	БУ	
		LEADING TO	mode of dy	ing. e.g.		(A) IMMEDIATE			gitis					
	heart failure	, osthenia, éta	. It means the	disease,		DUE 10, OK	AS A CONS	COENC	E OF:			777		
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		NTECEDENT		0.000		(B) DUE TO, OR	AS A CON	EOLIEN	CE OE					
	RISE TO TH	E ABOVE CA	ONS, IF ANY	ING THE		DOL 10, OK	AS A CON	acd or i.	CL 01.					
Z	UNDEKLYII	NG CONDIT	ION LAST.			(c)								
MI	OTHER CICA	UEICANTCO	II	Alterett	TING									
CERTIFICATION	TO THE DE	ATH BUT NO	NDITIONS CO TRELATED TO I GIVEN IN PA	THE TERM	UNAL									
ERT	20A. DATE O	F OPERATIO	N 208. CON	NOMON	FOR WHI	CH OPERATION W	AS PERFO	MED				21. AUTO	SY? (Yes	or No)
	2											ye	S	
EDICAL	UNDERLYING		ITRIB-		228. PLAC	E OF INJURY(e.g. n, foctory, street, olfi street	In or about te bldg., etc.)	INJURY	HERE DID	(If in Boltim	ore City, give e	xact location)	20	2
ME	UTING CA		ATH. Day) (Year	·) (Hou	e) 22E IA	JURY OCCURRED	(5)	22F. H	OW DIE	IUPY OCC	III LOII A	ve.	0 4	
	OF INJURY				WHILE	AT NO	WHILE X				ick by a	uto'		
	23.	12-8-7	1 6:33	a	m. WORK	LI ATY	WORK X	red	CS LI IAI	II SLIC	ick by a	460 .		
		lify that I h	eld on I	nquiry [Ins	pection A	topsy E	an	d that on t	his basis	, death in m	y opinion		
	resul	ted from: N	Natural cau	ses 🗌	Accid	ent 🔀 Suici		Homici	de 🗌	Undeterm	Ined manner			
			21	,				CHIEF	MEDICAL I	EXAMINER	X			
	ACTUAL		NK	1	stra	M.I	AS	SISTAN	T MEDICAL I	EXAMINER			DATE SIG	NED
	SIGNAT	ER'S	1010		- 00			SOCIATI	E MEDICAL I	EXAMINER		1 0	7.1	
	NAME (Russell	LS.								1-3	-71	
24. RE	A. BURIAL CRE MOVAL (Speci	MATION,	248. DATE			AME of CEMETERY			24D.	LOCATIO	(City, to	wn, or county)	(Sto	ote)
	Burial		1-5-72	2	IVH	. Calver	ry Cer	n.	В	alto.	,Md.			
25.	A. DATE REC'D					REGISTRAR	250	FUNE			ailey			
	JAN5	1972	Rebert	8. 3	Ben 1	200	Ke	elso	n F. H	. 131	+8 Call	noun St	t.	
VS	151-REV. 3/1/6	8	120	1.4			Q		- H					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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Loudon Park Cemetery

25C. FUNERAL DIRECTOR

Howard H.

258, NAME OF REGISTRAR

Baltimore, Maryland

Hubbard,

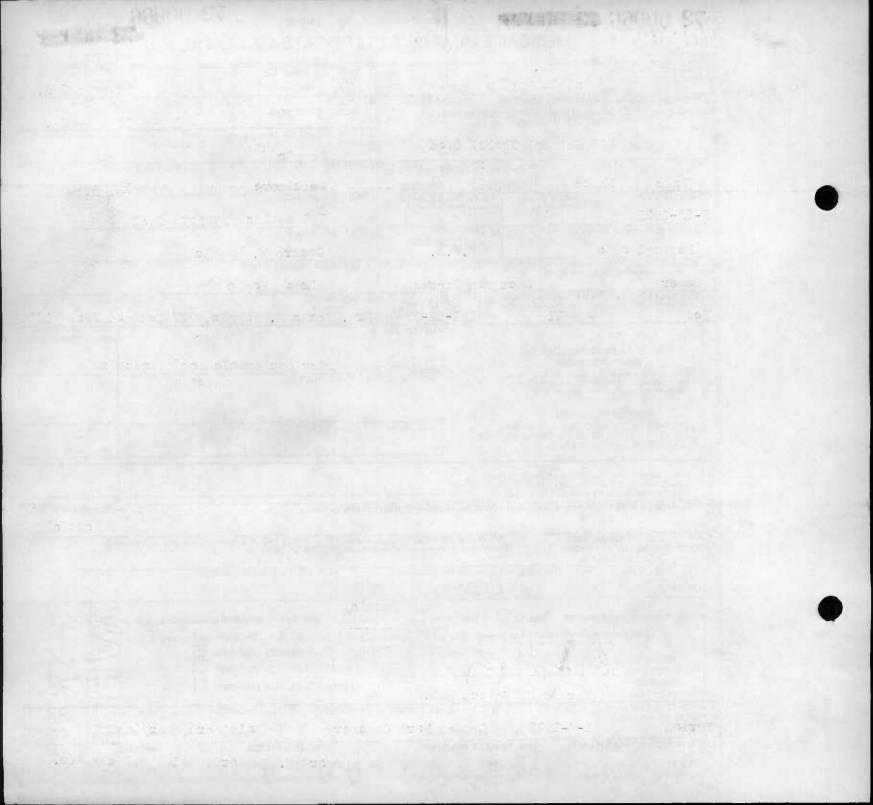
ADDRESS 4107 Wilkens Ave.

Burial

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

1-4-1972



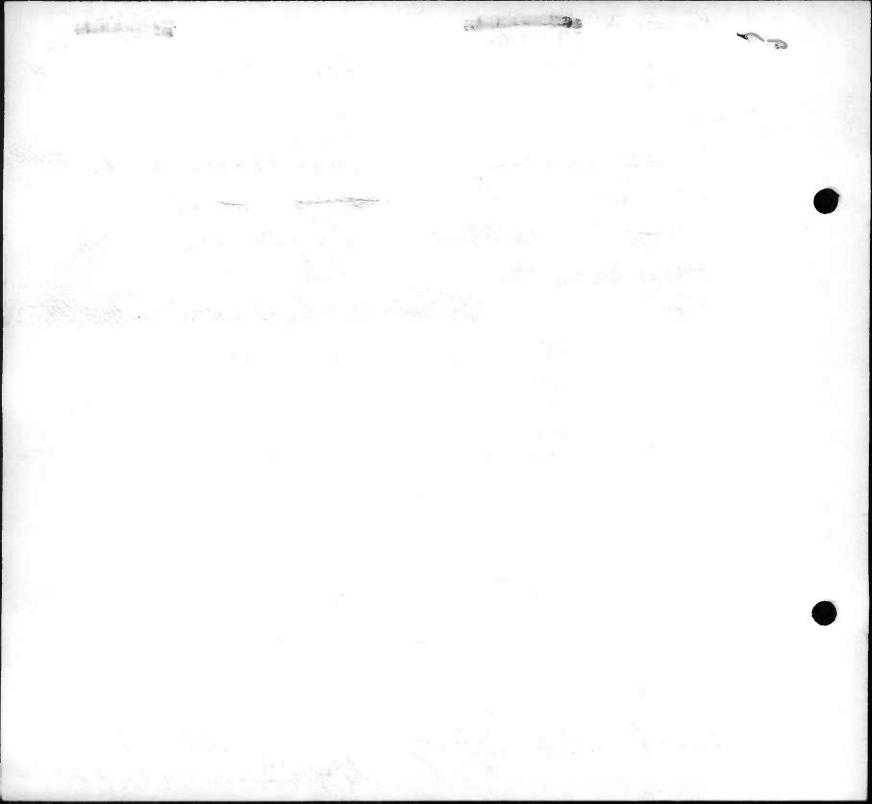
FUNERAL DIRECTOR: IMPORTANT

Such if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased uo death. attendance prior in regular is mad deceased disposition Was the direct assistant if death E o or final attendance any pronounced embalmed fracture of regular the chief medical examiner examiner. are 3 physician the remains burns; physician was any nature; (2) Body the before where to the hospital ° obtained 9 approved (except and of hospital death) the body was released shows: (1) An accident must prior to approval ō ŧ D.O.A. bespesed shows: SD M

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print SANFORI DNUBRU 4. USUAL RESIDENCE (Where deceased lived, 11 institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? BOUTTMORE YES W NO E. STREET AND NUMBER MORIN 5. SEX 9. AGE (In years 8. DATE OF SIRTH If Under 24 Hrs. 7- MARRIED tf Under 1 Yr. NEVER MARRIED Days Hours WIDOWED 🖂 DIVORCED -10-188 10A USUAL OCCUPATION [Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if rettred) USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNIC UNIX 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war ar dates af service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 1205 Windy Gate Rd. Henry Patterson CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the PRTERIOES CLEROSIS UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL DEATH inotify medical examined 21 D, TIME (Month) (Doyl (Year) (Hous 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram 19 that (i) (we) last saw the deceased alive an. and that in (my) (aur) apintan death accurred an the date and haur and fram the causes stated abave. (i) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending [Phys. Med. Director L 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 248, DATE 24D. LOCATION (State) Cremation 1/3/72 Balto Md. Greenmount Crematory Greenmount Ave 25A. DATE REC'D BY HEALTH DEPT 258-MAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Mirchell Wiedefeld Home 6500 York Rd. VS 150-REV. 1/1/68

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	B-25-2		HEALTH DEPARTMENT		200				
-	BIRTH NO. 72 0006	CERTIFICA	TE OF DEATH	REG. NO.	72 00068				
	(Type or Print) BECKENSIEIN	, JAKE	JACK 2. DATE AN	D HOUR OF DEATH	16.12 A.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROI	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. Il insti	tution: residence before admission)				
	FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MD.	(FALTO	530				
	INSTITUTION		C. CITY OR TOWN BALTO		CITY LIMITS?				
	SINAT HOSPITA.	/	E. STREET AND NUMBER						
900	E COV	ED NEVER MARRIED	8. DATE OF BIRTH	P. AGE (In years					
E	m widow	ED DIVORCED	-	lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND done dyring, most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?				
positio	Warter Kes	sugant	Lancaste	n, Pa	USA				
200	Harry Back of	-	14. MOTHER'S MAIDEN NA	ME / >					
5	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of service	16. SOCIAL 227	17. INFORMANT		ADDRESS				
	190	Classed Duck Col	Mrs Celes 13	eckenster !	938 Kendlled To				
5	18.410.91	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
5	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	gar years							
	1This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease								
	injury ar complication which caused death.) ANTECEDENT CAUSES	M	'Yacasdial	intasetien	de l				
	DISEASES OR CONDITIONS, if any, givin	ng (8)	A CONSEQUENCE OF:	/	0.945				
2	rise to the above cause (A) stoling to UNDERLYING CONDITION tast.								
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		/						
	E TO THE DEATH BUT NOT RELATED TO THE TERMINA CONTRIBUTION OF THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).		*************************	***************************************					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA OTHER DEATH BUT NOT RELATED TO THE TERMINA OTHER SIGNIFICANT OF THE TERMINA OTHER SIGNIFICANT CONDITIONS TO THE	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 CERTIFYING CAUS	DINGS CONSIDERED				
	OR CONTRIBUTION CO.	18. PLACE OF INJURY (e.g., in ame, farm, factory, street, aff	or obout 21C, WHERE DID	(If in Boltimore C	Sity, give exoct location)				
	O DEATH (natify medical examine)	ica	ice ologi, injoki occoki						
	OF INJURY (APPROX.) OD 10-71ME (Manth) (Doy) (Year) (Haw) 2	Not While	21F. HOW DID INJ	URY OCCUR?					
	1	Vork LJ At Work	□		9 72				
	22. I certify that (I) (this hospital) attended that (ii) (we) last saw the deceased alive at	the deceased from / C		st inferv) (our) eninte	in death occurred on the date				
	and hour and fram the causes stated abave.	/		ar introduct (our obtaine	in death occured on the date				
	23A. SIGNATURE	23A. SIGNATURE							
3	23C. PHYSICIAN'S NAME (Type) MOM LOVEL	DEGREE Phys.	3D. ADDRESS	Staff Phys.	45/10				
	NAME (Type) Mansews	4.1.	finai	Mospela	(
3	24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE	MATORY 24D. LC	City,	fown, or county) (Stole)				
	13mmy 1/3/72 0	wouth	1	oredale.	mg.				
	AN 5 1972 Page 258 NAM	LES M. D.	25C FUNERAL DIRECTOR	1 LB. CAM	ADDRESS Pol				
1	VS 150-REV. 1/1/68		and der men	1 51 MM 6010	News ry.				



VS 150-REV. 1/1/68

	7 2.6			BALTIMORE CIT	Y HEALTH DE	PARTMENT				1
	1-240	Min o	0000	CERTIFICA	ATE OF	DEATH	REG. NO		2 11005	
	TH NO.	ASED	B H HCU			2. DATE AND	HOUR OF DEATH	*	2 / //////	. 7
	pe or Print)	CHESLO	W NAT.	HAN LOUIS		JANU	ARY 1 10	77	11:50	PM.
3.	PLACE IN BALTI	MORE MARYLAND, W			4. USUAL K	ESIDENCE (Where	deceased fived. It	institution: n		nission)
E E		ATRA	VI	-/1/	A STATE MARY		BALTIMOF	0 =	21215	
HC	OSPITAL OR ADDRESS OR LOCATION)							SIDE CITY L		
IN	NSTITUTION ST AGNES HOSPITAL					YMMORE XMXXXX	0	YES 🗌	NO X	
1	CATON & WILKENS AVENUES				E. STREET A	ND NUMBER				
	-1	BALTIMORE.	MARYLA	ND 21229	6952	MILBRO	OK PARK D	RIVE	5	300
5.	SEX K	S. RACE		NEVER MARRIED		BIRTH 19	, AGE (In years	If Unde Months	1 Ye. If Under	24 Hrs.
M	ALE	CAUCASIAN	WIDOWED	DIVORCED	08/1		ost birthday) 63	Nonins	Days Hours	IVIIII.
			108 KIND OF	BUSINESS OR INDUSTR				12, CITI	ZEN OF WHAT CO	UNTRY?
dor	111.	orking life, even if refired)	Rot	all			Russia		II 6 A	
13.	FATHER'S NAM	racest	own		14 MOTHER	'S MAIDEN NAM	-		U.S.A.	
'					100					
		CHESLOW			RAC				A. D. D. C. C.	
15. (Ye	Was Deceased I s, no or unknown)	ver is U.S. Armed For lif yes, give war or date	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMA	BA L.	TO MD 212	229	ADDRESS	
	NO			en ek enverso	ST AG	NES! REC	CORDS CAT	3 NO.	WILKENS	AVE:
	18. 11 4	5.91		CAUSE OF DEA	TH				APPROXIMATE INT	
		OR CONDITION DI	RECTLY		01	m Emb	1			
		EADING TO DEATH t mean the mode of	dulan an	(A) IMMEDIATE CA	1005		olesm			
	heart failure, a	sthenia, etc. It means	the disease,	DUE TO, OR A	S A CONSEQUE	NCE OF:				
		lication which caused								
	and we are	NTECEDENT CAUSES		(8)						
		above cause (A)		DUE TO, OR	S A CONSEQUE	NCE OF:				
		CONDITION last.	aining me	(c)						
	-	11								
ATION		CANT CONDITIONS CO								
	DISEASE OR CO	BUT NOT RELATED TO T ENDITION GIVEN IN PAI	T 1 (A).							
E	19A. DATE OF	OPERATION 198 CON	DITION FOR W	WHICH OPERATION	20A. AUT	OPSYR (Yes or No.	20B, IF YES, WERE	AUSES OF	DEATH?	
CERTIFIC	112/30	7/	(17 H	igenrous Avascul		N'0	at a nata	- Ch - 1		
	OR CONTRIBUT	T WAS UNDERLYING	home	PLACE OF INJURY le. o. farm, factory, street,	office bldg. INJ	URY OCCUR!	(it in Boltim	ore City, giv	re exect location)	
CAL		medical examined	etcJ							
	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		HOW DID INJ	JRY OCCURT			
1	(APPROX.)		Wed	Not W	hile 🔲					1972
	22. I certify t	that (1) (this hospita	l) attended th	e deceased from	NOVEMBE	R 17 1	9_71=10_JAN	WARY	1 19_	7=
	that () (we)	last saw the decease	ed alive on	JANUARY	119		at In (myx (our) o		th occurred on t	he date
	The state of the s			((W.e.) (did))(d)(d)(h)(e)			tom.			
	23A. SIGNATUS		7/1	// //		,	· ·	23 & DA	TE SIGNED	
1		10000 1	512.	Volumin A	ttending	Med.	Staff Phys.	1	12/72	
	23C. PHYSICIAN	vs /	10 Jule	DEGREE	23D. ADDRESS			20	10/12	
	NAME (Ty	ED OV P PLIC	VIED A	4 D	1 1000	Di. L	0 MD 2122		WI LKENS	AVE
0.4		EROY B BUC		DEGR	EE	NES HOS		ON &		AVE :
24	A. BURIAL CREA	MATION, 248. DATE	24C. NA	ME of CEMETERY OF	KEMAIORT	24U. LC	CATION	WITH TO WILL	wi county (alute)
11	ALCINIO VAL IN	270117	- 1		0	1 /	1 11	- /		
	13. 6	1/3/	72 Bu	ni brack	2	13	alto,	nd.		
25	Bunal	BY HEALTH DEPT.	72 Bu 258. NAME O		25C. FUN	IERAL DIRECTOR	alter, 1	- /	ADDRESS	

1/17/72 - Letter from St. Agnes Hospital. Signed by Marie L. Moyer, Adm. Sup .

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the regular approval must be obtained before the regular attendance. FUNERAL DIRECTOR: IMPORTANT

J-520 CEPTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO.
1. NAME OF DECEASED TOHNS EMMA	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	7.15 AM, 1,4,1972 7.15 Am.
	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	GCITY OR TOWN D. INSIDE CITY LIMITS?
South Baltimore General Haspital	Baltimore YES V NO
43	E. STREET AND NUMBER 502 FOUR FOX AVE.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 1/6. II Under 24 Hrs. Manths; Doys Hours; Min.
₩. WIDOWED DIVORCED	14-1-47 77
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	7 00
None	I He chais U.S.A.
HEARY Dec) HENRY	14. MOTHER'S MAIDEN NAME
HANNIS	Bernadena HANNIG
5.00 Daceosed Ever In U. S. Armed Farces? [(Yagmo or unknown) Uf yes, give wor or dolas of service) SECURITY NO.	17. INFORMANT ADDRESS
304-12-76381	
CAUSE OF DEA	14) Congesting blant tailing BETWEEN ONSET AND DEATH
LEADING DEADE	TEXT DE TOUR D
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This does not an a the most of dying, e.g., puerfolding of DUE TO, OR AS injury or condition with a aused death.)	10 /occlusive
MIECED CI CAUSES	Rt. hip Months
DISTANT OF CONDITIONS, if any, giving DUE to, OR A	A CONSEQUENCE OF:
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II I I I I I I I I I I I I I I I I I I	my permeter there.
U 104 DAYS OF OBSERVED LION CONTROL SON WHICH CONTROL	20A-AUTOPSY? IYes at No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
Was PERFORMED WHICH OPERATION WAS PERFORMED WHICH OPERATION	74
OR CONTRIBUTING CAUSE OF CONTRIBUTING CONTRI	in or obout 21 C. WHERE DID (II in Baltimare City, give exect location)
DEATH (notify medical examined etc.) Howe	Baltimore ally
OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?
(APPROX.) 1 - 10-7) (7 pm) Wark At Work	walking to the bathroom.
22. I certify that (I) (this hospital) ottended the deceased fram	1-10 19 11 to 1-4 19 72
that (i) (we) last saw the deceased alive an	19) and that in (my) (our) apinion death accurred an the date
ond hour ond from the causes stoted obove. (I) (We) (did) (did nat)	view the body ofter death.
Ath add Ath	ending Med. Staff
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
11/4 Sacmarac	3001 S. Hanouer St. Baltimore
24A. BURIAL CREMATION, 24B. DATE 24C. NAME GI GEMETERY OF CR	
BURIAL #1-7-DOAK HILL	GARY. TND
25A. DATE REC'D BY HEALTH DERT. 25E. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS 134170,
JAN 5 19/2 Value E. Value 72.2.	HAHN FUNERAL Home, 4200 Fermington

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

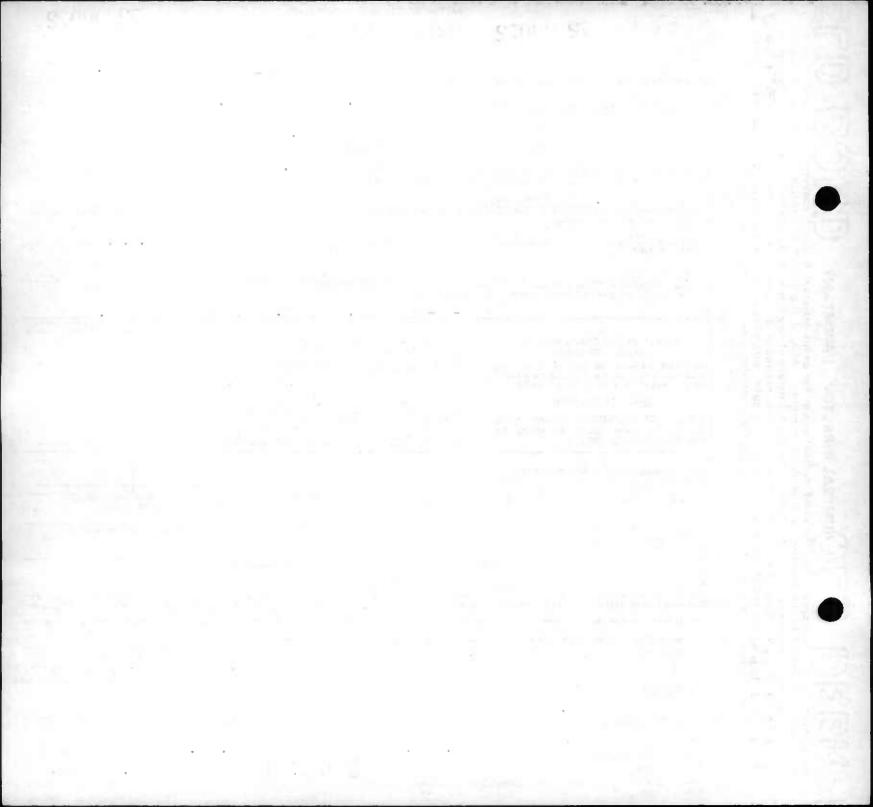
	72 0007T BALTIM	ORE CITY	HEALTH DEPARTMENT		1940					
	BIRTH NO. CERT	IFICA	TE OF DEATH	REG. NO	3					
	1. NAME OF DECEASED (Type or Print)			HOUR OF DEATH	72 00071					
	MIR, FRANK COSTIA)	1/2	172	1 5 W D.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where of	deceased lived. Il inst	titution: residence before admission)					
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION!	REET	C. CITY OR TOWN	. INICHO	2102 E CITY LIMITS?					
ł	MARYLAND GONERAL HO	CD	CITY		YES NO T					
	48	27	E. STREET AND NUMBER	Hambu	M ST					
	5. SEX 6. RACE 7. MARRIED NEVER MAR WIDOWED DIVOR	CED 🗍	8. DATE OF BIRTH 9.	AGE (In years t birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR done during most of working life, even if refired)	NDUSTRY	11. BIRTHPLACE (State or foreign	countryt	12. CITIZEN OF WHAT COUNTRY?					
	CUTTER Schretut		MD		USA					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		0.311					
	James M. Costin		DAISY BI	ENNY						
	5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dotes of service) SECURITY		17. INFORMANT	/	ADDRESS					
	SECURITY N	10.	Chait							
1		OF DEATH	C . soc (APPROXIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY									
I	Wills goes not mean the made of dving on Vices	(This does not meen the made of dying as (A)MMEDIATE CAUSE								
	heort foiture, asthenia, etc. Il means the disease, injury or camplication which caused death.)	O, OR AS A	CONSEQUENCE OF:	1						
	ANTECEDENT CAUSES	Cor	nostino	h had a d	Da ID					
I	DISEASES OR CONDITIONS, if any, giving DUE T	O, OR AS	CONSEQUENCE OF:	- welly	Mulli					
	inse to the obove cause (A) stating the		ARCIDA		`					
	CHOEKETING CONDITION lost (C)		10000							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A. DATE OF OPERATION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING 1218 PLACE OF INTERPRETA	ОИ	20A. AUTOPSY2 (Yes of No.) 20	OR IF YES, WERE FIN	IDINGS CONSIDERED					
118	OR CONTRIBUTE OF THE	IRY (e.g., in	or obout 21 C. WHERE DID	If In Rollimore (City, give exact facation)					
	DEATH (notify medical examined)	sheet offi	ce bldg., INJURY OCCUR?	the management of	brigg give exact tocordary					
	21D. TIME (Month) (Doyl (Yeor) (Hour) 21E INJURY OCCU!	RRED	21F. HOW DID INJURY	OCCUR?						
	[AFROA]	Not While At Work								
	22. Leartify that (1) (this hospital) attended the deceased from		2 27 19	71 45	1677					
	the (1) (we) lost saw the deceased office on 1		7 7		on death occurred on the date					
	ond hour and from the couses stated abave (1) (We) (did) (di	d nat) vie		it (iii y) (ooi) opinite	on decin occurred on the dote					
	23A. SIGNATURE		The Bedy offer decitie	23	BR. DATE SIGNED					
	Ten O (Sounance MD) Attending Med. State () /)									
L	23C. PHYSICIAN'S NAME (Type)	m 23	D. ADDRESS		1000					
	DEORGE (SAMM	Longree	1116-6	+						
4	AA. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETER	Y or CREN			town, or county) (Stote)					
1		MRK	CEMETERY BA	HIMORE,	MARYLAND					
	SAL PARE OF REGISTRAR	0	25C. FUNERAL DIRECTOR	m Mr. 90	Holling H. Date.					
٧	S 150-REV. 1/1/68		0 0		4/123					

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FUNERAL DIRECTOR: IMPORTANT

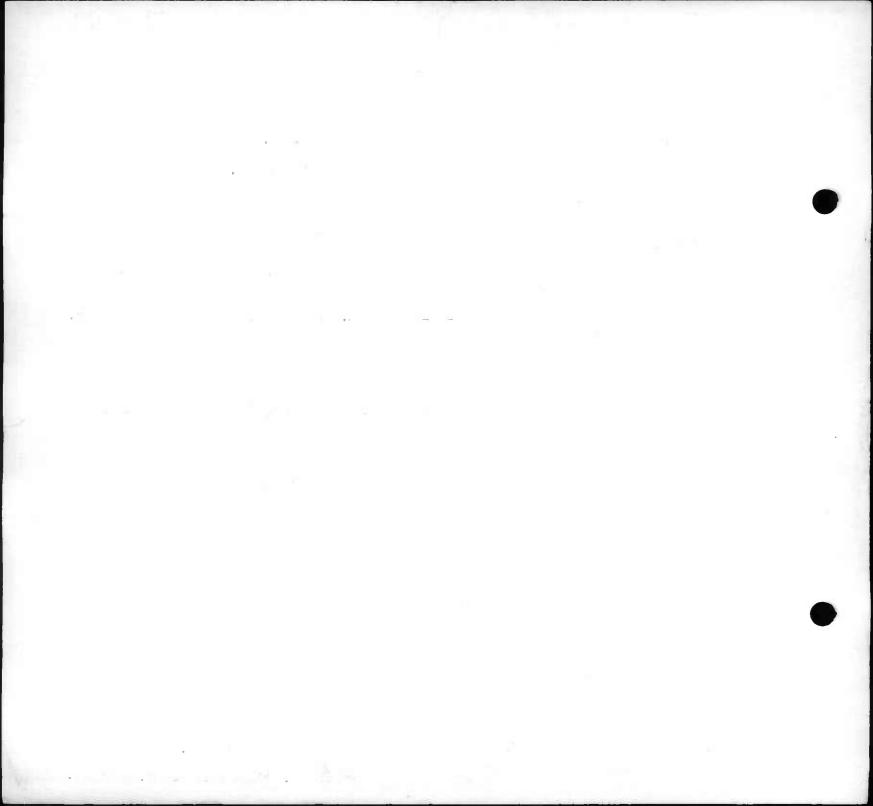
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, but he obtained before the remains are embalmed or final disposition is made.

-			BALTIMORE CITY	HEALTH DEPARTMEN	T	72 00076		
BIRTH NO.	72 1	00072	CERTIFICA	TE OF DEATH	REG. NO.	/E INNI/E		
I NAME OF DEC	EASED			2. DATI	E AND HOUR OF DEA	TH		
Te or rante	annarelli, MI	CHAEL		1	-2-72	1.15 P A		
	LTIMORE MARYLAND, V		UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived. I	If institutions residence before admission		
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITE	UTION, GIVE STREET	Md.	BALTO.	300		
STITUTION	ADDRESS OR LOC			C. CITY OR TOWN	D. 1	NSIDE CITY LIMITS?		
	MERCY HOS	PITAL		BALTO .	7.0	YES # NO		
59	37				EK			
SEX	6. RACE	7. MARRIED	NEVER MARRIED	927 FAWN ST.	9. AGE fin years	II Under 1 Ye . If Under 24 Hrs		
N		WIDOWED		8/5/1890	lost birthdoy)	Months Doys Hours Min.		
OA, USUAL OCC	CAUC. UPATION (Give kind of wor	271		11. BIRTHFLACE (State or		12. CITIZEN OF WHAT COUNTR		
one during most of	working life, even if refired)							
CARPEN 3. FATHER'S NA		RETTRE	D	LONDON		II.S.A.		
3. PAINER'S NA	WE			14. MOTHER'S MAIDEN	NAME			
ANTHONY	TANNARELLT			SCOLASTICO F	USCO			
5. Was Deceased fes, no or unknown	TANNARETT.T. Ever in U. S. Armed Fe Uf yes, give war or date	rces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS		
NO			219-01-15b2a	MRS. MARIA C	. HELOWICZ 9	22 FAWN ST.		
18. 7 5	A O 1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL		
DISEA	SE OR CONDITION D	RECTLY	Pom	ma deal.	lar aa	The There was a ser with the		
	LEADING TO DEATH		(A) IMMEDIATE CA	er ouseu				
				A CONSEQUENCE OF: /	7 - 0	0		
heart failure,	, asthenia, etc. It means motication which caused	the disease,	mayo	Cand vos	- whar	atter-		
injuly of co.	ANTECEDENT CAUSES		1.60	antono M.	()			
			(B) (C) 170 C	necracio				
	OR CONDITIONS, if to above cause (A)		DUE TO OR A	A CONSEQUENCE OF:	001			
	UNDERLYING CONDITION last. (c)				ecions			
	11							
OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING						
TO THE DEA	TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PA	RT 1 (A).						
OTHER SIGNI TO THE DEA DISEASE OR O 19A. DATE O	FOPERATION 198 CON	NOTION FOR	WHICH OPERATION	20A-AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
D STALACCIDE	NT WAS UNDERLYING	1 218	PLACE OF INTURY IS S.	n or about 21 C. WHERE DI	ID (II In Bolt	Imore City, give exact location)		
OF CONTRIB	NT WAS UNDERLYING	horr	e, form, factory, street, c	fice bidg, INJURY OCCU	EZ (III COM	minore City, give exect leading,		
0	y medicol examined							
OF INJURY	(Month) (Doy) (Year)	7.7	INJURY OCCURRED		INJURY OCCUR?			
E IAPPROXI		Wh		While U				
22. I certify	y that (I) (this hospita	i) attended t	he deceased from	10018	19/2 10	Me 2 1972		
) last saw the deceas		1	1972 gn	dates into the Color	opinion death occurred on the do		
	•	/			•	opinion death occurred on the di		
		oted above.	(We) (dld) (dld not)	view the bady after dec	ath.			
23A. SIGNAT	10 -0 011	D. +			- 44	23B, DATE SIGNED		
10	tolle	ASS.	Phy	ending Med. Director	Staff Phys.	4000 2 -171		
230 PHYSICI	AN'S Typel			23D. ADDRESS				
***************************************	DR.	LEE						
24A. BURIAL CR	EMATION, 1248, DATE		AME OF CEMETERY OF CH	EMATORY 24	ID. LOCATION	(City, town, or county) (State)		
REMOVAL								
BURIA	L I/6/72 D BY HEALTH DEPT.	NEW		DEC ELIMITATE CONT	BALTO. Md.	ADDRESS		
JANE	Marcha:	ZOR NAME S	OF REGISTRAR	BROVE M.		322 S. HIGH ST.		
JAIL	912 Hober & E	Machen!	ALD.	direction it.	Date HOOD	JEC 00 111011 01.		
VS 150-REV. 1/1	/68							

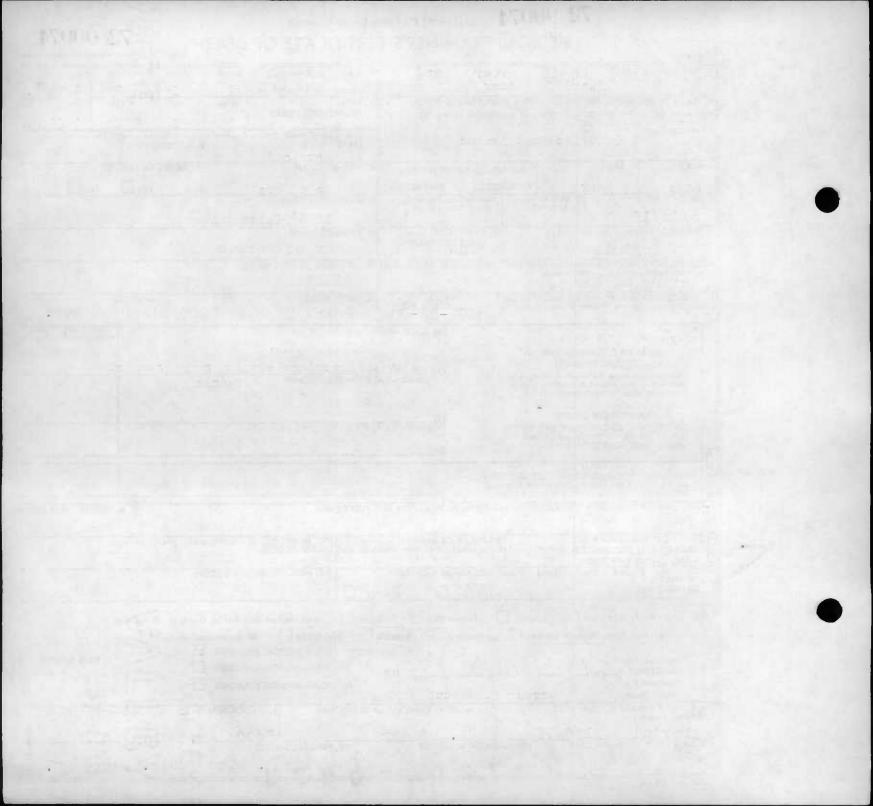


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	T-525 72 000	IN C	HEALTH DEPARTMENT	4	72 00073
В	72 000 72 000	73 CERTIFICA	TE OF DEATH	REG. NO	
	NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
	IOMASINO, -	ANTINA	1/2	172 BAL	TO1 520 PM
	PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Who	ere deceased lived. If in	nstitution: residence before admission)
II H	JLL NAME OF (IF NOT IN HOSPITAL OR I OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	5609 E	4BROOKE	AVE. BALTO, MO
11	MARYLAND GEN	ERAL HOSP	BALTO. md.	J. 1113	YES NO
Н	1/00		E. STREET AND NUMBER		ien la lite
	T-8		5609 PEMBROKE	AVE.	5300
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months; Doys ; Hours; Min.
	F WIDO	WED DIVORCED	1/30/17	lost birthdoyl	Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	ign country!	12. CITIZEN OF WHAT COUNTRY
100	ne during most of working life, even if retired) EAMSTRESS NE CLOT		Hal		
	FATHER'S NAME	IIIII	14. MOTHER'S MAIDEN NA	140	USA
	C - WINCENS		1		BELFIORE
1.5	GENTILE VINCENT		# GALLET	TOSA NOSA	DELL TORE
la.	Wos Deceased Ever in U. S. Armed Forces NI s, no or unknown! Ill yes, give wor or dotes of serv	icel SECURITY NO.	17. INFORMANT		ADDRESS
A	118. 7211 1 3 3 5 3	216-07-13/16	MR. LELIO TOM	ASINA 5609 F	EMBROKE AVE.
	734.1 7 850.7	CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Tup.	and Reporte	tis a Nep	rete
	(This does not meen the mode of dying, heart failure, asthenio, etc. It means the disc	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		***************************************
	injury or complication which coused death.)				
	ANTECEDENT CAUSES	(B) Such	mie Jupblate	Eithy (hen	underes
	DISEASES OR CONDITIONS, il ony, gi	ving DUE JO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	(c)			
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG			
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	heles Kel	esces)	***************************************
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION 1	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED
ERI	21A ACCIDENT WAS UNDERLYING		yes	4	
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Balilmore	City, give exect location)
CAL	DEATH (notify medical examined	etc.)			
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
>	(APPROX.)	While At Not While			
	22. I certify that (1) (this hospital) ottend				
	that (1) (we) last saw the deceased alive	or the deceased flow	10	19to	
	and hour and from the	- /1\ /W \ / h h / h h	ond the	ot in (my) (our) apin	ion deoth occurred on the date
	ond hour and from the causes stoted obov	e. (I) (We) (did) (did not) vi	ew the body ofter deoth.		
	11 119	1 MO AHOR	ding Med.		23 B. DATE SIGNED
	Muchael 7 faull	OF GREE Phys.		Staff Phys.	
	23C. PHYSICIAN'S NAME (Typel	2	3D. ADDRESS		
		DEGREE			
24/	REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY OF CREF	MATORY 24D. LC	CATION (City	, town, or county) (Stote)
	ENTOMBMENT 1/6/72 I	ORRAINE PARK	WO	ODLAWN Md.	
25/		ME OF REGISTRAR	25G FUNERAL DIRECTOR		ADDRESS
		Ben M.D.	PEROME M. DE	LLA NOCE 322	S. HIGH ST.
VS	150-REV. 1/1/68				



7 00	,		Mark of	BAI	LTIMORE CITY HE	ALTH DEPA	RTMENT			10017	000004
4-23	6	MED	ICAL	EXA	MINER'S	CERTIFI	CATE OF	DEAT	H		00074
BIRTH NO.									REG. NO.		
1. NAME OF DE	CEASED	Eddie	Fost	ter	or	2. DATE OF	Known 🛛	Month	Doy	Year	Hnur
		ard C.				DEATH	Estimoted	1	3	72	4:55 P.
4. PLACE IN BA						3. DATE	UNCED DEAD	Month	Doy	Year	Hour
FULL NAME OF HOSPITAL	ADDRE	T IN HOSPITA	TION)	IIUIION,	GIVE STREET			1	3	72	4:55 P.
OR INSTITUTION	3208	Piedm	ont A	venue		5. USUAL R	ESIDENCE (When	e deceosed i	ved. If Institution B. COUNTY	n: residence	before admission)
00							Maryland		D. COURT	-	15 5
6. SEX	7. RACE		8. MARRI	ED N	EVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	
Male	Neg	ro	WIDOW	ED 🗌	DIVORCED		Baltimore		Y	ES 🗌	NO 🗆
9. DATE OF BIRT		ID. AGE (In	yeors	If Under	Yr. if Under 24 Hrs.	E. STREET	AND NUMBER				
3/30/1	.5	56					3208 Piedr	nont Av	renue		
II. BIRTHPLACE	State or foreto	n country)		2. CITIZ		13. FATHER					
	ginia				COUNTRY?		irles Fo				
4A.USUAL OCCI	JPATION (GIV	e kind of work	14B. KIND	OF BUSI	NESS OR INDUSTRY	THE RESERVE TO SERVE THE PARTY OF THE PARTY		ME			
Factory	Worke	er				Li	llian				
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	17.	SOCIAL SECURITY NO	18. INFOR	TAAN			DDRESS	
no	, (ii yes, give v	TOT OF GOIES	or service,	22	SECURITY NO. 909	B Pes	arl Fost	er 3	208 Pi	edmon	t Ave.
19. 4/	2 41				CAUSE OF DEA	TH					PROXIMATE INTERVA
DISEAS	SE OR COND	MON DIRE	CTLY								
	LEADING TO	DEATH			AND MAKEDIATE C	AUGE Art	eriosclero	atic ca	rdiovas	cular	
(This does i	not meon the	mode of dy	Ing, e.g.,		DUE TO, OR	S A CONSEC	UENCE OF:	diseas		Carai	
Injury or co	not meon the e, osthenio, etc mplication whi	th coused dec	oth.)					uiseas	, E		
	OR CONDITION		GIVING		(B) DUE TO, OR	AS A CONSE	DIJENCE OF				
RISE TO TH	OR CONDITION OF ABOVE CAN	USE (A) STAT	ING THE								
Z	THO CONDIN	OIT LAST.			(c)						
OTHER SIGN TO THE DE DISEASE OF	NIFICANT CON	III	NITRIDITY	No			9				
TO THE DE	ATH BUT NOT	RELATED TO	THE TERMII	NAL							
20A. DATE O	E OPERATION			OP WHI	CH OPERATION WA	C DEDECORA	ED.				and divining
5 1			Dilloid F	OK WIA	CH OPERATION W	G PERFORM	ED				PSY? (Yes or No)
₹ 22A. FYTED	NAL CAUSE	WAS	- lo	00 01 0 0							es
UNDERLYING UTING CA	OR CON	TRIB-	h	ome, form	E OF INJURY (e.g., n, lactory, street, office	bldg., etc.)	2C. WHERE DID YURY OCCUR?	(If In Baltimo	re City, give ex	ect location)	
≥ 22D. TIME OF INJURY	(Month) (D	oy) (Year) (Hour)	22E.IN	JURY OCCURRED		2F. HOW DID IN	JURY OCCI	JR?		
(APPROX.)				m. WHILE	TON TA	WHILE					
23.			-	II. IIOAA	LI AIW	OKK LJ					
I cert	tify that I he	eld on li	nquiry [Ins	pection Au	opsy k	and that on the	his basis,	death In my	opinion	
resul	ted from: N	atural cau	🗔	Accide		Ho	micide 🗌	Undetermi	ned manner [_	
ACTUAL	400	10. 1	11/	1~	De	puty	CHIEF MEDICAL E	EXAMINER	X		DATE CICNIED
SIGNAT		W	W	/	MA	ASSI	STANT MEDICAL	XAMINER			DATE SIGNED
EXAMIN		-					CIATE MEDICAL E	XAMINER			1-4-72
NAME (rner		itz, M.D.						
44. BURIAL CRE		48. DATE		24C. NA	ME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	, or county)	(Stote)
Buria		1/8/72	2	Mt	. Calver	V	Br	ookly	n Man	vland	
SA DATE REC'D			258: NA	ME OF F	REGISTRAR		UNERAL DIRECTO			DDRESS	
GMAR	DIZ		- Antis	AFTER PA	0.	Cha	arles A.	Rice			re St.
C 161 DEM 2/0 //			1 14	1	13 12 14		177		0011	· Dat	1000



approved

death

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH (4) Undetermined cause; (5) Deceased Such contributing cause of death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital 113172 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) attendance FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? YES T 6 NO [prior Presburg disposition is made. in regular 5. SEX 6. RACE 9. AGE (In years last birthday) 7- MARRIED NEVER MARRIED If Under 1 Y& deceased If Under 24 Hrs. Negro WIDOWED -DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) YOR E M ds 13. FATHER'S NAME unk. 0 death LLNH. kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown!) (If yes, give war of dates of service) 6. SOCIAL SECURITY NO. or final ADDRESS attendance any pronounced APPROXIMATE INTERVAL (crep 20 vascular BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE IThis does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: regular heart lailure, asthenia, etc. It means the disease, Haemorrhoge, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (6) No physician was in where the physician UNDERLYING CONDITION last obtained before the remains burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). of any nature; (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exact location) to the hospital MEDICAL DEATH Inotify medical examined 21 D. TIME OF INJURY (Month! (Doy) (Year! (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While (except While At (APPROX.) and 22. I certify that (1) (this hospital) attended the deceased from 113 eath); that (1) (we) last saw the deceased alive on... 113 19.72 and that in(my) (our) opinion death occurred on the date hospital he body was released hows: (1) An accident and hour and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE Ö MD Attending prior to approva ata 23C. PHYSICIAN'S NAME (Typel 23D. ADDRESS ANACINH D.O.A. 24A. BURIAL CREMATION, 24B. DATE deceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Baltimore Nationa JAN 5 1972 258 NAME OF REGISTRAR VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT W-623 72 00076 72 00076 CERTIFICATE OF DEATH Deceased contributing cause of death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived II institution: residence before admission) attendance (4) Undetermined cause; (5) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN 0 D. INSIDE CITY LIMITS? Baltimore YES XX NO prior E. STREET AND NUMBER The Johns Hopkins Hospital 602 N. Brice Street regular Il Under 1 Yr. If Und 6. RACE B. DATE OF BIRTH 9. AGE (In yours deceased MARRIED NEVER MARRIED If Under 24 Hrs. Female Negro 6/26/13 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? final disposition = done during most of working lile, even if retired) U.S.A. Virginia Was Tousew. the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct John Lockett Kate Lacy death LO kind; 15. Was Decoased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war ar dates of service) 17. INFORMANT 6. SOCIAL SECURITY NO. attendance 3411 Forest PK. Ave pronounced CAUSE OF DEATH 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, regular injury or camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the physician UNDERLYING CONDITION lost remains Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 218, PLACE OF INJURY (e.g., In or obout 21 C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? any nature; (2) where OR CONTRIBUTING CAUSE OF (II in Boltimore City, give exect location) to the hospital MEDICAL DEATH (natify medical examined obtained (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 9 21 F. HOW DID INJURY OCCUR? proved (except OF INJURY Not While (APPROX) and At Work 22. I certify that (1) (this haspital) attended the deceased from death); that (D)(we) last saw the deceased alive an and that In(my) (aur) apinion death accurred an the date hospital An accident of and haur and from the causes stated abave. ((1) (We) (did) (did not) view the bady after death. he body was released must 23A. SIGNATUR 23B, DATE SIGNED Attending X Med. prior to Staff approval Director 8 23C. PHYSICIAN'S 23D. ADDRESS ŧ NAME (Type) Taw, Jr. Richard L. MD The Johns Hopkins Hospital D.O.A. 24A. BURIAL CREMATION, 248. DATE deceased (City, town, or county) REMOVAL (Specify) VS 150-REV. 1/1/68

Cheerto A les escrip Barret and

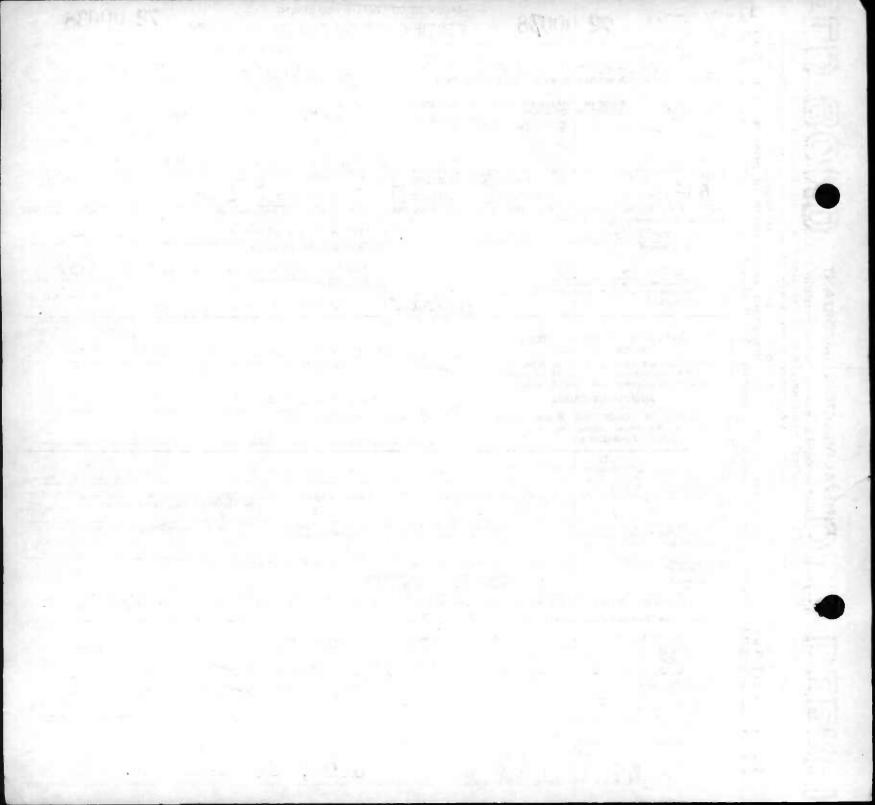
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1	(1)-300 /2 UUU// CEPTIFIC	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO. 72 00077
Such	BIRTH NO. I. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4 USUAL RESIDENCE Where deceosed lived, II institution: residence before admission)
prior to death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION George Washington Nursing Home 607 Fennsylvania QUP	A. STATE B. COUNTY A. STATE B. COUNTY D. INSIDE CITY LIMITS? C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 530 S. HANOVER St.
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
is is	Temale Megno WIDOWED DIVORCED DIOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRE done during most of working life, even if refired)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
attendance on the dece med or final disposition	FARMER 13. FATHER'S NAME	South hill, Va. USA
dispo	Will Lambert	Alice Ogden
nal	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 607 Rungle as
or fi	18. 4/2. 4 1 CAUSE OF DEA'	H A APPROXIMATE INTERVAL
1 ed	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CA	cuclio sellioner BETWEEN ONSET AND DEATH Cuclioner Mean
bair	(This does not mean the mode of dying, e.g., heart loiture, asthenia, etc. It means the disease, injury at complication which caused death.)	A CONSEQUENCE OF:
9 E	ANTECEDENT CAUSES	cohe 1969
2 8	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last.	erabjed attenoselews
pnysician was in fore the remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	estrie Geat Failur 3 years
ysic e th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
be	OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF	in or obout 21 C. WHERE DID (If in Boltimore City, give exect location) ffice bldg., INJURY OCCUR?
ained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?
obte	22. I certify that (D) this haspital) attended the deceased from.	
be.	that (1) (we) last sow the deceased alive an 3/ 2/2 and hour and from the causes stated above, (1) (We) (did) (did nat)	19ond that in my) (aur) opinion death accurred on the date
mus	23A. SIGNATURE	23 B. DAJE SIGNED
val	DECESE IN	
prio	DECORE	23D. ADDRESS Baltimore, Md. 21217
n a	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (Stotel
deceased prior to dearn); an written approval must be obt	35A DASE RECIDENCE THE ALTHOUGH AND REGISTRAN	burn Baltimore, Maryland 25c. FUNERAL DIRECTOR Rice 661 W. Barre St.
	VS 150-REV. 1/1/68	unaries b. Nice 661 W. Barre St.

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, by and (6) No physician was in regular attendance on the deceased prior to death. Such deceased must be obtained before the remains are embalmed or final disposition is made.

1 7 7 1	MICE COL	ord o	BALTIMORE CIT	Y HEALTH DEPARTMEN	REG. NO	72 00029	000
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MAYHEW ELMER JOHN 01/01/72 RESIDENCE (Where deceased lived, If institutions residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C, CITY OR TOWN D. INSIDE CITY LIMITS? NOM YES -BALTIMORE E. STREET AND NUMBER ST AGNES HOSPITAL 2957 BERO RD 21227 6. RACE 9. AGE (In years lost birthday) If Under 1 Yr. Months! Doys If Under 24 Hrs. 5. SEX MARRIED NEVER MARRIED Hours CAUCASIAN 01/06/00 MALE WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) TRUCK DRIVER MARYLAND US 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOHN MAYHEW ELIZABETH FULMER 15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) of yes, give war or dates of service) 17. INFORMANT ADDRESS & SOCIAL SECURITY NO. 03 3393 ST AGNES HOSPITAL BALTO MD APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY

LEADING TO MEATH

(The does not intend the diods of dying, e.g., head failure, gathenia, e.g., in agent the disease, in agent or complication which caused death.) Sweets (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS if any, giving the CONDITION last. DUE TO, OR AS A CONSEQUENCE OF: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION DISEASE OR CONDITION GIVEN IN PART 1 (A) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPST? (Yes or No) Lualhematema OR CONTRIBUTING CAUSE OF 216, PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, farm, factory, street, office bidg., INJURY OCCURS (II In Boltimore City, give exect location) MEDICAL DEATH (notify modical examined nom 21 D. TIME OF INJURY 21F. HOW DID INJURY OCCUR (Year) (Hous (Doy) Not While While At (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from 01/01/72 that (1)(we) last saw the deceased alive an 01/01/72 and that in(my) (aur) apinian death accurred on the dote and hour and from the causes stated above. X(X (We) (did))(4)(4)(4) view the bady after death. 238 DATE SIGNED 23A. SIGNATURE Attending 10/01/72 Phys. BALTO., MD. 21229 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) HOSPITAL WILKENS AGNES 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY edar Hill emeteru Ritchie Hyway Burial 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Willy Fundral Home 237 Patapsco Ave 21225 VS 150-REV. 1/1/68

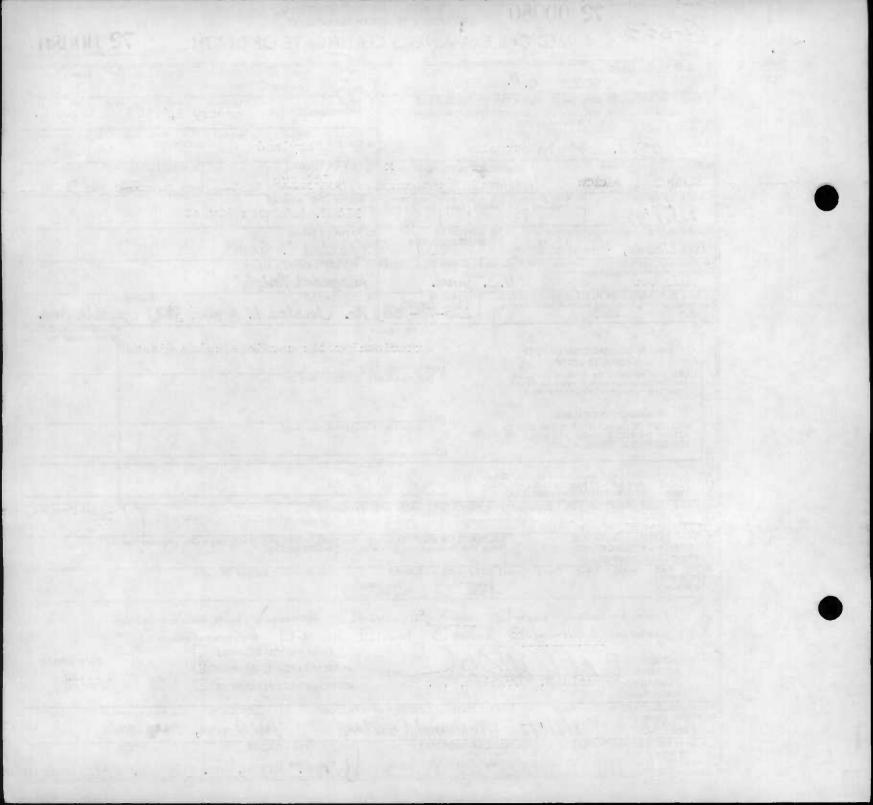
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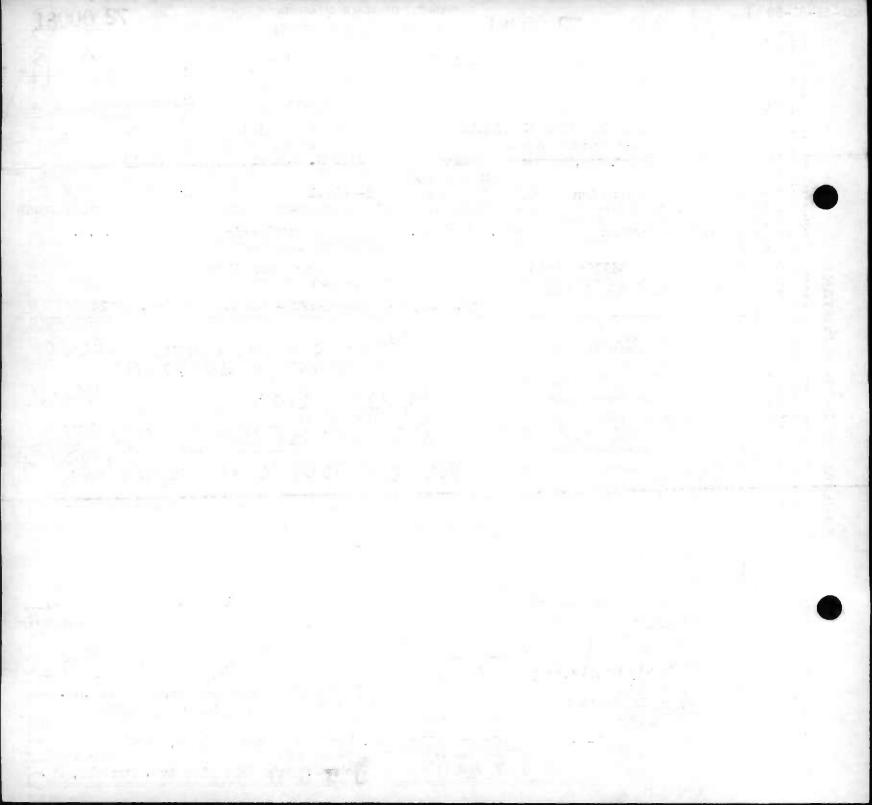
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	RISE TO THE	OR CONDITION	ONS, IF ANY	GIVING		DUE TO, OR	AS A CON	SEQUENCE O	Fa					
z	UNDERLYIN	IG CONDIT	ION LAST.			(c)								
10			11	_										
CERTIFICATION	TO THE DEA	CONDITION	NDITIONS CO RELATED TO GIVEN IN PA	THE TERM	INAL									
ERI	20A. DATE OF	OPERATIO	N 208. CON	DITION	FOR V	VHICH OPERATION WA	S PERFO	RMED				21. AUTO	PSY? (Yes or	No)
	0											n	.0	
EDICAL	22A. EXTERNUMBERLYING UTING CAL		TRIB-		22B. Pt hame,	ACE OF INJURY (e.g., form, lactory, street, office	in ar abou bldg., etc.	22C. WHERE	CUR?	f In Baltimar	e City, give exa	ct location)		
Σ			Doy) (Year) (Hou	7) 22	E.INJURY OCCURRED		22F. HOW D	UNI DIC	URY OCCL	IR?			
	(APPROX.)				m. W	HILE AT NOT	WHILE ORK							
	23. I certi	ify that I h	eld an Ir	quiry [Inspection Aut	lopsy 🔲	and tha	t on thi	s basis,	death in my	opinion		
	result	ed from: N	latural caus	es 🗴	Ac	cldent Sulcld	• 🗆	Homicide [] u	ndetermir	ed manner			
	4.071144		10	1	11	, /		CHIEF MED	ICAL E	CAMINER				
	ACTUAL SIGNATU	IRE /	hel	MI		I MAD	AS	SISTANT MED	ICAL EX	AMINER	K		DATE SIGNE	ED
	EXAMINE NAME (T	R'S RO	nald N.	Kor	nbli	um, M.D.	AS	SOCIATE MED	ICAL EX	AMINER		1	/5/72	
24/	A. BURIAL CREM	AATION.	48. DATE		24C	NAME of CEMETERY	or CREMA	TORY	24D. L	OCATION	(City, town	, or county) (Stote))
KE	MOVAL (Specific Burial	7/	1/8/8	72	9	Parkwood (em	etery		Bal	timon	e, Mary			
25/	. DATE REC'D	BY HEALTH		258. N		OF REGISTRAR	0	. FUNERAL D			0	DDRESS		
	JANB	1972	000	di	77	200	1 -			n. Inc			ltimor	e Sa
VS	151 DEV 3/2/40								-17	-7			10/	



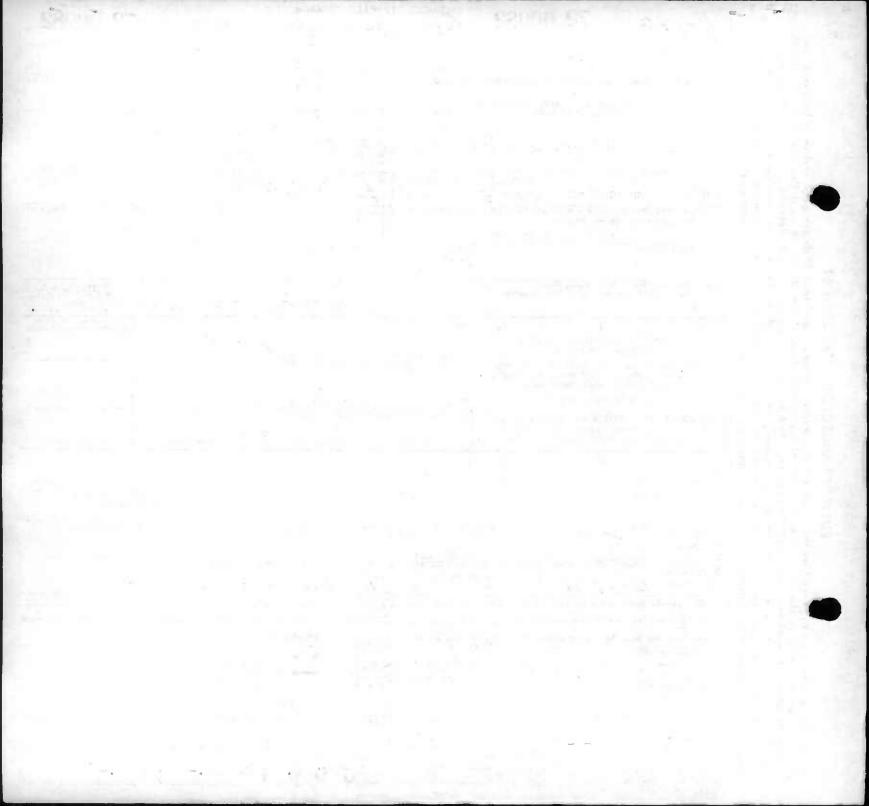
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

FREG. NO.	72	00	108	1
				_

1. NAME OF DECEASED (Type or Print) James Wilson Reid					2	DATE AND HOUR	OF DEATH	1,105
3.	PLACE IN BAI	LTIMORE MARYLAND, V	INCED DEAD	4. USUAL RESIDE	NCE (Where deceased	lived. If ins	stitution: residence before od	
EH	III NAME OF	ME NOT IN HOSE	TAL OR INITITIE	TON ONE PROFE	Maryla	B. COUNTY	Bal+	imore
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					C. CITY OR TOWN			DE CITY LIMITS?
		Baltimore Cit	als	Sparro	s Point		YES NO 1	
		4940 Eastern	01004	E. STREET AND N			01010	
5 6	Baltimore, Maryland 21224			1109 H.			21219	
	ale	Caucasian		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In lost birthdo	yeors 70	Months Doys Hours
			WIDOWED	BUSINESS OR INDUSTRY		ate at foreign country)		12. CITIZEN OF WHAT C
don	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY me during most of working lile, even if refired)							
	melter F		Betn.	Steel Co.	14. MOTHER'S MA	nsylvania		U.S.A.
1								
18 1	Was December	William Re		14 10011		y Ann Wilso	on	
(Yes		Ever in U. S. Armed For	4	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	No			213-07-9501A		CH-4940 Eas	tern A	ve. 21224
	18. 4/	0,91		CAUSE OF DEAT	Н			APPROXIMATE IN
	DISEA	SE OF CONDITION DE LEADING TO DEATH		110	MARCS	MYOCAR	DIAC	DELLE
	(This does a	not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE O		12/00	TAX TOOLS
	heart failure,	asthenia, etc. It means	the disease,	20E 10, 0K A3	A CONSEQUENCE O	. Mek	401	1019
				A 1.				1 1/3/17
		ANTECEDENT CAUSES		11/1/1/	DICHE	100		Neu
	DISEASES (OR CONDITIONS, If	any, alvina	(B) DUE TO, OR AS	OTENS A CONSEQUENCE	(0 N		Neu
	DISEASES (any, alvina	(B) DUE TO, OR AS		10N 45 HEU	LOWE	HATE ACE
иои	DISEASES (rise to the UNDERLYING	OR CONDITIONS, if o obove cause (A) G CONDITION last. II FIGANT CONDITIONS CO	any, giving stating the	(B) DUE TO, OR AS (C) RECL) RREC	10N F HEN TIC AN	wr	HAGE ACE
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CAL CERTIFIC	DISEASES (nise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OF C 19A-DATE OF 21A-ACCIDE	OR CONDITIONS, If o obove cause (A) G CONDITION last, II FIGANT CONDITIONS CO IH BUT NOT RELATED TO T ONDITION GIVEN IN PS. CON OPERATION 1178. CON	any, giving stating the ontributing the terminal at 1 (a).	POST O	PATP 20A. AUTOPSY? YES	T LC AN	WERE FING CAU	YSM PLOK
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(70	1-142 72 00082 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 72 00082
2/2	2002	CERTIFICATE OF DEATH REG. NO.
2	ase th th	1. NAME OF DECEASED TO HN LIVOLS! 2. DATE AND HOUR OF DEATH (Type or Print) 1-3-72 2 PM A
2		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE 8. COUNTY
13/	hospita 150 of (5) Dec ance o death.	FULL NAME OF 11F NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY LAND BACTIMORE 90 C. CITY OR TOWN C. C. C. CITY OR TOWN C.
-	Se;	INSTITUTION BALTIMORE YES P NOT
3	ting d cau	TUNION MEMORIAL HOSP'STAL BACTIMORE YES ON NO 1529 CARSWELL STREET
25	de de	5. SEX 6. RACE 7. MARRIED NEVED MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
7	occur natrib nrmin regul ased	Male caucasian WIDOWED DIVORCED 1- 36 887 lost birthday) 84 Months Doys Hours Min.
a	o o o o o o o o o o o o o o o o o o o	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loseign country)
	oath in dec	done during most of working life, even if refired) RETIRED tailor USA
Si.	ct de	13. FATHER'S NAME
E	isp ti	UNKNOWN Livolsi UNKNOWN
E W	stant e di ind; eath e on	15, Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) 16, SOCIAL SECURITY NO.
> E	sis the kinde	NO 23 05 8413 Angelo Livolsi 1529 Carswell St, Balto, Md.
ORT	if if it is	18. 4 1 2 4 1 4 E 8 8 7 E CAUSE OF DEATH ACCIVITY BETWEEN ONSET AND DEATH
NI	So, of or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
9 =	A or or	(This does not meen the mode of dying, e.g., Due to, or as a consequence of:
K &	er. ctu pro pro lar	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)
\$ 5	fra fra	ANTECEDENT CAUSES
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approva DIRECTOR:	- (S) E''E' S	UNDERLYING CONDITION lest
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AL	mediedi bur bur hys n w rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING F TO THE DEATH BUT NOT RELATED TO THE TERMINAL C DISEASE OR CONDITION GIVEN IN PART 1 (A).
ER	dy dy he icia	
BS	ch Bo th th	
et E	the all by (2); (2)	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 218 PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II in Boltimore City, give exact location) injury occurs of the bidg. INJURY occurs
1	by Who	D 210-TIME [Month] [Doy) [Year [Hour 216 INJURY OCCURED 216 HOW DID INJURY OCCUR?
8	hos nature (6)	S OF INJURY 12-29-71 ? While At Not While I Lell while walking
	he he way	22. I certify that (I)(this hospital) attended the deceased from 12-30 197/ to 1-3 1972
p	to t	the (1) (we) last saw the deceased alive an 1 3 19 72 and that in (my) (our) apinion death occurred on the dot
Ceases	0 7 0 7 4 4	and hour and from the causes stated obove. (1) (We) (did) (did not) view the body ofter death.
3	leased cident hospit to deat	23A. SIGNATURE 23B. DATE SIGNED
3	3 0.0 5	Attending Med. Staff Phys.
4		23C. PHYSICIAN'S NAME ITYPE THE LOW MY 123D. ADDRESS
	certificate body was r vs: (1) An a D.O.A. at assed prior ten approv	DEGREE
	T 700 2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	book Signature	burial 1-6-72 Gardens of Faith Baltimore, Md.
	This certify the body shows: (1) was D.O. deceased written a	JANS 1972 256. NAME OF REGISTRAR 256. FUNERAL DIRECTOR ADDRESS Legonalyl J. Ruck, IncBalto, MdLi
		VS 150-REV. 1/1/68 A/ 910 U/



1	BALTIMORE CITY HEALTH DEPARTMENT	/ 20 00000
75705	L-520 72 0083 CERTIFICATE OF DEATH	45 10000
and eath ased the Such	I. NAME OF DECEASED TATE 3 2 2. DATE AND HOUR OF DEATH	1 0 - 0-1
f death f death eceased on the h. Such	(Type or Print) George Link 1/4726,25 A.	m 4.25 AM M.
ath ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution; residence before odmission)
se (5) and de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MD. HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN!	1100
nd ro	INSTITUTION	YES A. NO
au gau	90 MELCHOR NURSING HOME 2327 N. Charles St. Ballo	113 2
ring d car	1433 W. Lonbard	St.
occurr intribu rmine egula ased is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) widowed Divorced 3-/3-95 9. AGE (In years tost birthdoy) 100 proced 100	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
or cor in re in re dece	to A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) UNKNOWN.	12. CITIZEN OF WHAT COUNTRY?
if de rect (4) Ur was the sposi	13. FATHER'S NAME Frederick William Link Unknown Carolyn	Schone
din	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
ist the kin dec ce	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 2/2-09-6396 Edward Link(bro) 2	926 Harford Rd.
if i	1B. / (a () X CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
f o f	DISEASE OR CONDITION DIRECTLY Carcinoma of Ethmord Sinuse	2 years
Als Als nou att	(This does not mean the made all dying, e.g., DUFTO OR AS A CONSPONENCE OF	7
ctu oro	heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
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×an ×an ×h ×h	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	100000000000000000000000000000000000000
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bul bul bul bul bul rer	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Several years
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oy Bo th thys	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	re City, give exact location)
the all be (2); (2) lere o ple efo	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	and the state of t
Why who	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
hos natu	OF INJURY (APPROX.) While At Not While At Work At Work	
ny n	22. I certify that (I) (this hespital) attended the deceased fram Van. 24 1970 ta	Van 7 1972
a 60	1 2 72	inian death accurred an the date
0077	and haur and from the causes stated abave. (1) (We) (dtd.) (did riat) view the body after death.	
eased ident hospit o deat	Attending Med. Shoff	23B, DATE SIGNED
must eeleas ccide a hos to do	DEGREE Phys. Director Phys.	199n, /2
y was rel 1) An acc 1.A. at a l d prior to	123C. PHYSICIAN'S Loy M. Zimmerman MD 3202 Harrord Rd. Bal	Timore, Md.
certification volume (1) vs. (1) D.O.A cased pten ap	DEALOVAL (Specific)	ity, town, or county) (State)
bod bod ws: 5 D.C	burial 1-6-72 Church Cemetery Baltimor	e, Md.
This certi the body shows: (1, was D.O. deceased	JAN6 177 20 80 258 NAME OF REGISTRAR LEONARD J. Ruck, Inc	-Relto Md
	VS 150-REV. 1/1/68	Daroo, Ma.

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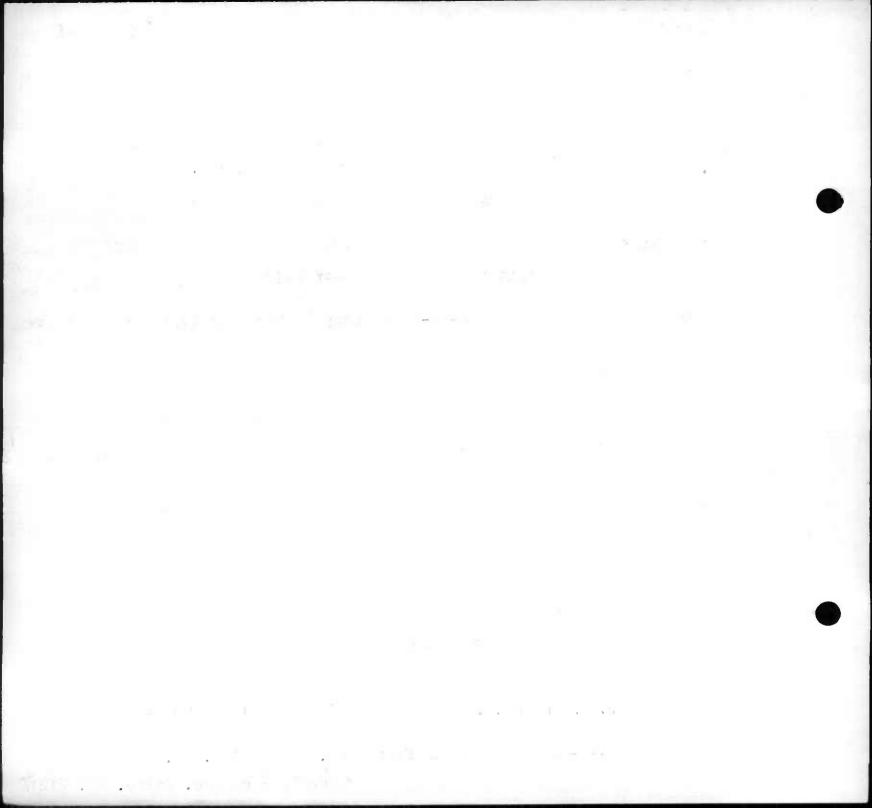
HER RECORD FOR CHARLES TO SEE THE HEAVING

bugist 1-6 -72 "Tributed" Conflicted to the Base Sandard St.

Leggins of I. Ruezu Inc. - Billio

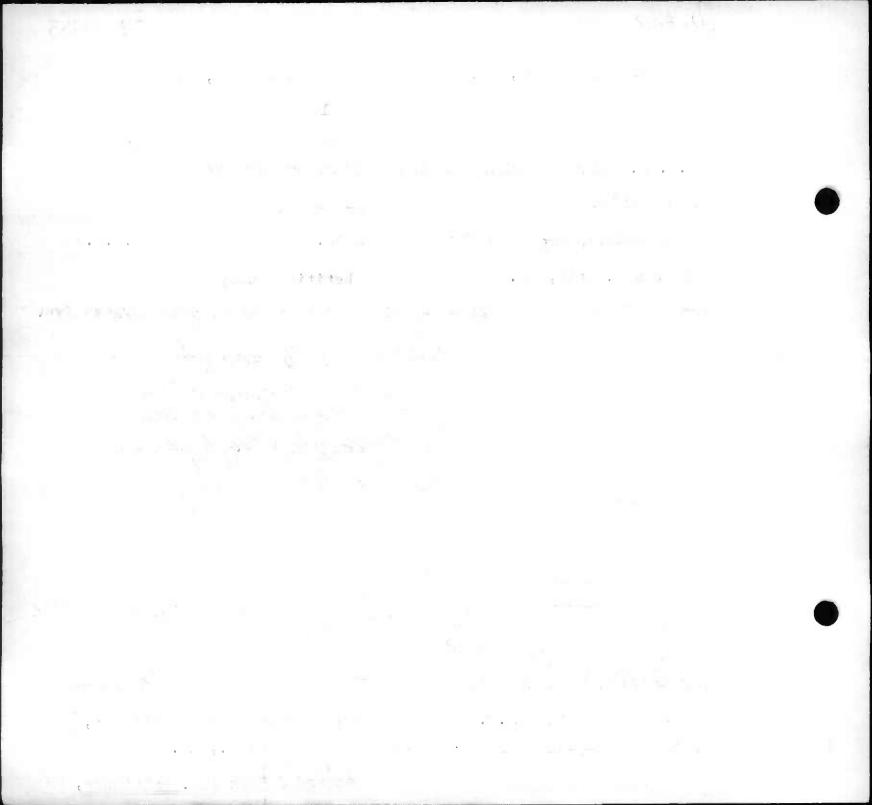
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	S-242 72 GG BALTIMORE CITY	Y HEALTH DEPARTMENT							
	BIRTH NO. 72 00084 CERTIFICA	ATE OF DEATH REG. NO.							
	T. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
	3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNGED DEAD	1-2-72 15 15 P M							
Ì	WHERE PRONOUN GED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 2632							
7	Johns Unsking Huskey o	BALTIMORE PER NO							
1	m.1011 - Osler 7	E. STREET AND NUMBER							
		4709 GREENHILL AVE.							
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr. If Under 24 Hrs. Manths; Doys Hours; Min.							
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	10-27-95 76							
	dule during most at working lite, even it felifed)	11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Housewife 13. FATHER'S NAME	Virginia USA							
	RXXX Crump	N @							
	15. Wes Deceased Ever In U. S. Armed Forces? 16. SOCIAL	17. INFORMANT Page							
	No 212-16-6530 18. / /								
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH							
ı	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAU								
	heart follure, astheria, etc. Il means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES								
I	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:							
	rise to the above couse (A) stating the UNDERLYING CONDITION lost. (C)								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ASIA 10 -	- SICK Sims							
	WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	OR CONTRIBUTING CAUSE OF	or shout 21C WHERE DID							
	O DEATH (nontry medical examined)								
I		21F. HOW DID INJURY OCCUR?							
ll	Wark L At Wark								
	22. I certify that (1) (this hespital) attended the deceased from								
li	that (1) (ve) last saw the deceased alive an	19 22 and that In(my) (eur) opinion death occurred on the date							
	and haur and from the causes stated above. (1) (4) (did) (did) (did) vi								
	Atten	iding Med. Staff Phys. P /- Z - 7 2							
	23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S 22C. PHYSI	Director Phys. 4 /- Z - 7 Z 3D. ADDRESS							
1	J. S. /K/IZER M.D.	THE JOHNS HOPKINS HOSPITAL							
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREATERY	MATORY 24D. LOCATION (City, lawn, or county) (State)							
	Burial 1-6-72 Gardens of Fai	. 1							
	25A. DATE REC'D BY HEALTH PETT. 25B. NAME OF REGISTRAR	25C FUNEFAL DIRECTOR ADDRESS							
IF	/s 150-REV. 1/1/68	Leonard J Ruck Inc. Balto. Md. 21214							
_									



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	W-300 75	00000	BALTIMORE CITY	HEALTH DEPARTMEN	Т	MO 0000
В	IRTH NO.	.00085	CERTIFICA	TE OF DEATI	REG. NO	72 00085
1.	NAME OF DECEASED				AND HOUR OF DEATH	
il.	Francis	H Wait, Jr				2 1
3	PLACE IN BALTIMORE, MARYL	AND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in:	2 M. stitution: residence before admission)
F	ULL NAME OF (IF NOT IN	ION, GIVE STREET	Maryband	OUNIT	2744	
- #	OSPITAL OR ADDRESS	OR LOCATION	ION, GIVE STREET	C. CITY OR TOWN	D INSI	DE CITY LIMITS?
1	14			Baltimore	D. 114311	YES NO
110	59			E. STREET AND NUMBE	R	TO IN
	D.O. A. Unic	n Memorial	Hospital	5918 Burg	gess Ave	
5.	SEX 6. RACE	7- MARRIED 3	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. , If Under 24 Hrs. Months! Doys Hours Min.
	Male White	WIDOWED	DIVORCED _	12-12-1891	80	Months Doys Hours Min.
10 do	A. USUAL OCCUPATION (Give king ne during most of working life, even i	nd of work 108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
11	Superintendent,		Thread Co	Mass.		U.S.A.
	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	0.00
	Francis H. W	ait. Sr				
15.	Was Deceased Ever in U. S. Ass, no or unknown) (If yes, give wo	med Forces?	6. SOCIAL	Letitia 17. INFORMANT	Mundy	ADDRESS
1100		or dotes of service)	SECURITY NO. 216-05-3681		h Wait 5010	
\parallel	Yes WW I		CAUSE OF DEATH		n wait, jyi	Burgess Ave.
	DISEASE OR CONDIT	ON DIRECTLY	CAUSE OF DEATH		1, 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO	DEATH	Willy	138 Parta	Non t	-
	(This does not mean the man heart failure, asthenio, etc. It	node of dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	1000	
	injury or complication which	caused death.)	trese	ALR -CIM	ene pett	Car
	ANTECEDENT C	AUSES	1	P	X veg for	
	DISEASES OR CONDITION	S, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	and former	elect .
	rise to the above caus	e (A) stating the	Of B	1 m Pt	+60 1 0	
	THE CONDITION	iusi,	(c) V	eswerzini,	v corgrugue	114
Z	OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING	Co N	1 - 1	- 6/2 V	
Y	TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN	ED TO THE TERMINAL	gen-f	Aller	reken	
ERTIFICATI	19A. DATE OF OPERATION 119	AS PERFORMED	ICH OPERATION	20A. AUTOPSY? (Yes or		NDINGS CONSIDERED
ERT	0		U		IN CERTIFYING CAU	SES OF DEATH?
U	OR CONTRIBUTING CAUSE	YING 21 B. PL	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DIE	(If In Boltimore	City, give exoct location)
CA	DEATH (notify medical examine	elc.)	toning toutony, sneet on	St Diago Indoki Occor	-	
MEDI	21D. TIME (Month) (Doy) OF INJURY	(Year) (Hour) 21E IN	JURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
	(APPROX.)	While	Al Work			
	22. I certify that (I) (thts to			7	10/5	3
	that (1) (wè) last saw the d		()	= 10/7/	_19 (a)ta	19/5
			1000			an death accurred an the date
	and have and from the caus 73A. SIGNATURE	es stated abave. (1) (be) (and (ald nat) A	ew the bady after deat		
	Mh. sodl	1/1/1/2. #	Atten	ding Med.	(A)	23 B. DATE SIGNED
	28C-PHISICIAN'S	11 MARIE	DEGREE Phys.	Director L	Shaff Phys.	1/3/72
	PACE PHISICIAN'S NAME (Type)		2	D. ADDRESS		
244	BURIAL CREMATION, 24B. D	intzer M.D.	DEGREE	3009 Everg	reen Ave B	altimore. Md
1127	KEMIOANE (Specify)	ALE 24C. NAMI	E of CEMETERY OF CREA	AATORY 24D		town, or county) (Stote)
	Burial 1-		Redeemer		Balto., Md.	
254	DATE REC'D BY HEALTH DEP	12 4 /		25C FUNERAL DIRECT		ADDRESS
		me & Jacker 1	K.D.,	Leonard J	Ruck Inc. I	Baltimore, Md
V\$	150-REV. 1/1/68					



1 15			HEALTH DEPARTMENT		72 00086	
D-245	72 000	86 CERTIFICA	TE OF DEATH	REG. NO		
1. NAME OF DECEASED			2. DATE ANI	D HOUR OF DEATH		
(Type or Print) FRANCIS	S S. BAL	ASSONE, SR.	Jan.	. 2, 1972	11 P. M.	
3. PLACE IN BALTIMORE, M	ARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceased lived. If in	nstitution: residence before odmission)	
HOSPITAL OR ADDR	T IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryland c. City OR TOWN	D. INS	IDE CITY LIMITS?	
L323 G	lenmore Av	e.	Baltimore		YES NO	
00			E. STREET AND NUMBER			
			4323 Glenmo			
5. SEX 6. RACE Cauca		RIED NEVER MARRIED DIVORCED	Feb. 5, 1915	ost birthdoy) 56	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
IDA, USUAL OCCUPATION	ive kind of work 108. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?	
done during most of working life,	even if retired) Heal	th Protection			II C A	
Director (De	ept. Healt	h & Mental Hy	III. MOTHER'S MAIDEN NAM	W. Va.	U.S.A.	
Joseph Bala	assone		Anna Lac:	ivita		
15. Wos Deceosed Ever in U. (Yes, no or unknown) (If yes, gi	S. Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
Yes WW	II USMC	233-09-1255	Dolores Balas	ssone	Same	
18. L// O	I OSMO	CAUSE OF DEAT		330116	APPROXIMATE INTERVAL	
DISEASE OR CO	NOITION DIRECTLY				BETWEEN ONSET AND DEATH	
LEADING	TO DEATH	(A)IMMEDIATE CA	USE Acute Myocard	dial Infarc	tion Minutes	
(This does not mean heart laiture, asthenia,	etc. It means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	r4-014+M0-1-W	tionMinutes	
injury or complication						
	NT CAUSES	(B) Arteri	osclerotic Cardi	ovascular		
DISEASES OR COND						
UNDERLYING CONDIT	ION last.	(c)				
7	11					
OTHER SIGNIFICANT COL						
DISEASE OR CONDITION		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED	
194. DATE OF OPERATIO	WAS PERFORMED			IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBUTING C	NDERLYING AUSE OF	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimo	ere City, give exoct locotion)	
DEATH Inotify medical e	(ominer)	etc.)				
_	(Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.)		While At Work At Work				
22. I certify that (1) (ANS NOS STAN) attend	ded the deceased fram ADI	11 71	9 ta Jan	2 1972	
that (I) (we) last saw		Angil /	19and the	at In(my) (ŠVř) ap	Inlan death accurred an the date	
and have and from the	causes stated aba	ve. (1) (% e) (did) (d)(0)(x)(x)	view the bady after death.			
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff Med. Staff Man 12.170						
fre spe	JAK /4/79					
23C. PHYSICIAN'S	7	OE GREE !!!	ending Med. pirector 23D. ADDRESS		1	
Jose	Martinez,	M.D.	Medical Art	s Bldg.,	Balto., Md.	
		4C. NAME of CEMETERY OF C			City, town, or county) (Stote)	
Burial	1-6-72	Dulaney Valle	Ba 25C. FUNERAL DIRECTOR	lto., Md.		
25A. DATE REC'D BY HEALT	H DEPT. 25B. NA	ME OF REGISTRAR			,5305 Harford Rd	

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Parties 1 1919-192 in Fille of the Committee of the Commi

70	00087	BALTIMORE CITY HEALTH DEPARTMENT
	00007	

4		72	DODRY
1	REG. NO		40007

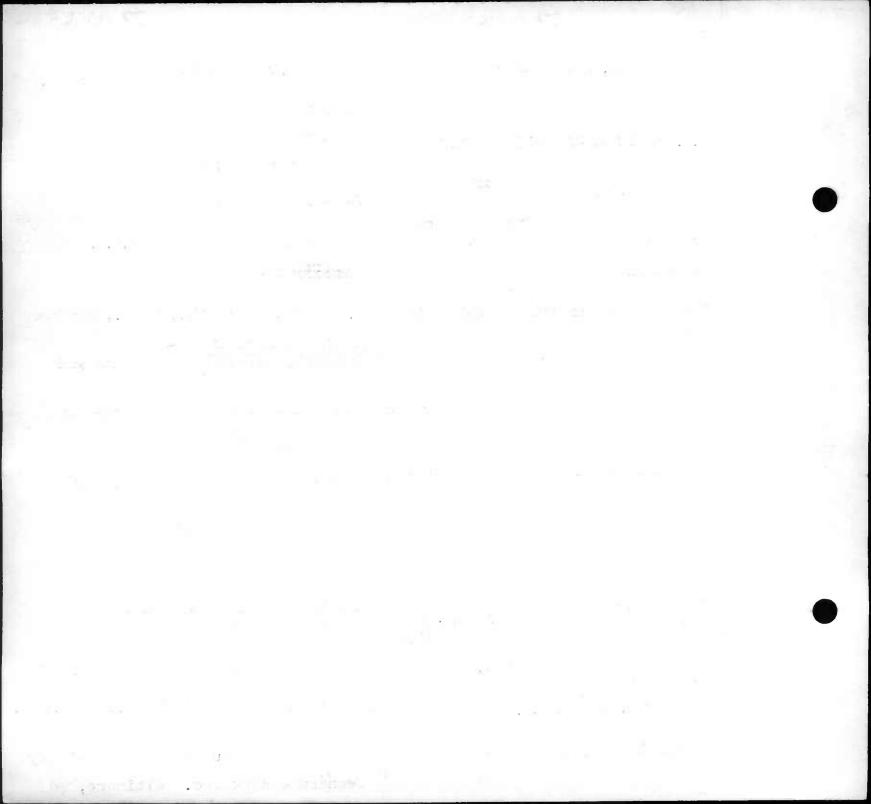
4-400	7	2 000	87 BALTIMORE CIT	Y HEALTH DEPAR	TMENT	REG. NO.	72 00087
BIRTH NO.	TAKED		CERTIFICA	TE OF DE	AIH	ALO. 110	
(Type or Print)	Hall, Willia	m Colema	an		Z. DATE AND HO	5, 1972	
3. PLACE IN BA	TIMORE MARYLAND, V			4. USUAL RESID			nstitution: residence before admiss
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	UTION, GIVE STREET	Kentuck	y N	ln ins	SIDE CITY LIMITS?	
U.S. PU	BLIC HEALTH S	ERVI CE	HOSPITAL,	Anchora	ge	0	YES NO
27				e. STREET AND 9502 M	number eadowgate	Court	
Male	White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	lost bi	E IIn yours intropy	II Under 1 Yz. If Under 24 Months Doys Hours Mir
tOA, USUAL OCC	UPATION (Give kind of work working life, even if retired)	The B	BUSINESS OR INDUSTRY Lue Horee	11. BIRTHPLACE	Stote or foreign co	untry)	12. CITIZEN OF WHAT COUN
Salesma	n	Incom		Kentu			U.S.A.
Roscoe H				14. MOTHER'S M	alden NAME ne De James		
15. Was Deceased	Ever in U. S. Armod For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
Yes	1966 to 19			MED RECO	RDS IISPH	S HOSP	Balto., Maryland
DISEASES Coise to the	asthenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last.	deoth.)	(B) gram ne DUE TO, OR AS	gative sep A consequence	oticemia OF:		one week
A DISEASE OR C	 CANT CONDITIONS COI H BUT NOT RELATED TO TH ONDITION GIVEN IN PART	E TERMINAL	***************	ymphocytic	leukemia		3½ years
19A. DATE OF	OPERATION 19B CONI	ORMED	HICH OPERATION	20A. AUTOPSY? Yes	IYos or No) 208, IN (IF YES, WERE CATEFING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	218, i home elc.)	PLACE OF INJURY lo.g., in form, foctory, street, of	or obout 21 C. WHE	RE DID CCU R?		e City, give exact location)
OF INJURY (APPROX.)	(Month) (Doy) (Your)	White			DID INJURY O	CCUR?	
22. I certify	that (1) (this hospital) last saw the deceased	attended the	deceased from NC	vember 29	1971	4 4	uary 5 19 72
and hour and	from the causes state		(Me) (qiq) (qiq hot) vi		and that in/(/ er death.	fu≱) (aur) opli	nian death accurred an the d
23A. SIGNATU 23C. PHYSICIA	f Wrigh	1 m	DEGREE Phys.	ding Med. Direct	ofor Staff Phys.		January 5, 197
Rober	t R. Wright,		DEGREE	US PHS HOS	SPITAL 310	00 Wyman	Pk Dr., Balto.,
	AATION, 248. DATE		ME of CEMETERY OF CRE	MATORY	24D. LOCATIO	ON ICH	y, town, or county) (State)
Buria 25A. DATE REC'D	BY HEALTH DEPT.	PI PI	REGISTRAR	25C. FUNERAL	Plea	serevi	lle Kentuck
JAN 6 19	72 22.08.	Ta Ole . H	22000	TOOD	DI Buch	T	VANKE33

bvs

125C. FUNERAL DIRECTOR
LOONERS J Ruck Inc.

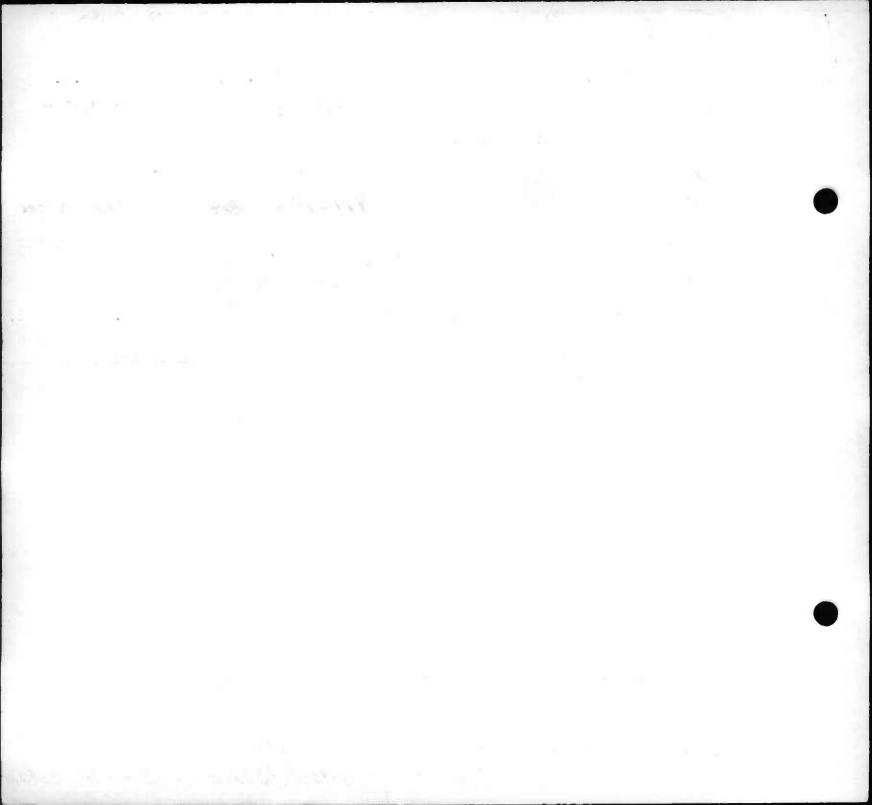
Baltimore.

JAN 6 197 VS 150-REV. 1/1/68

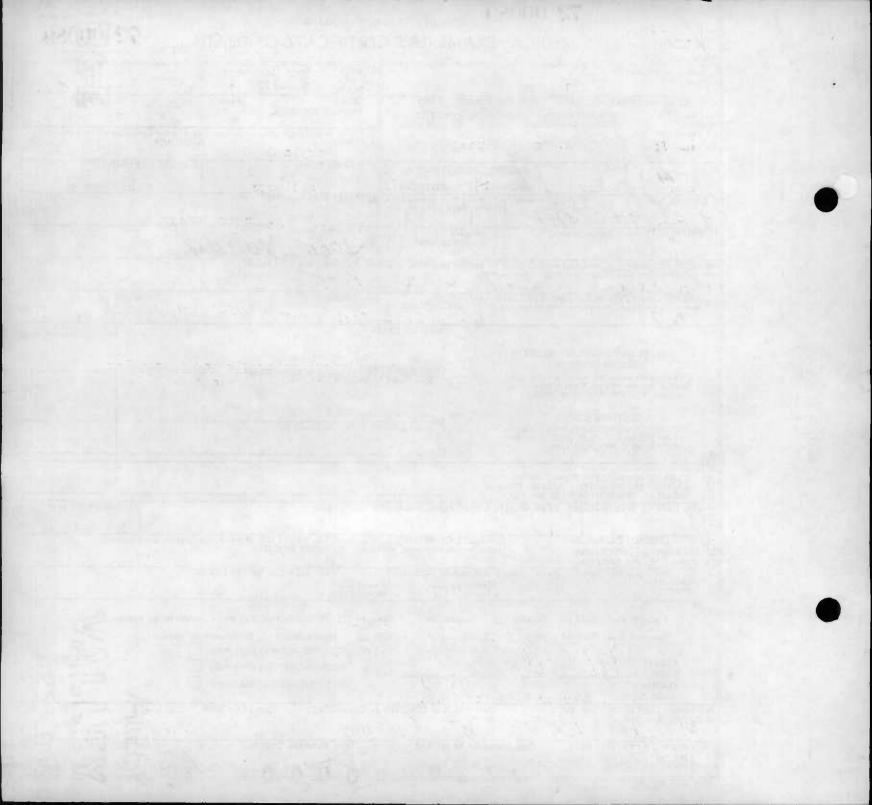


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

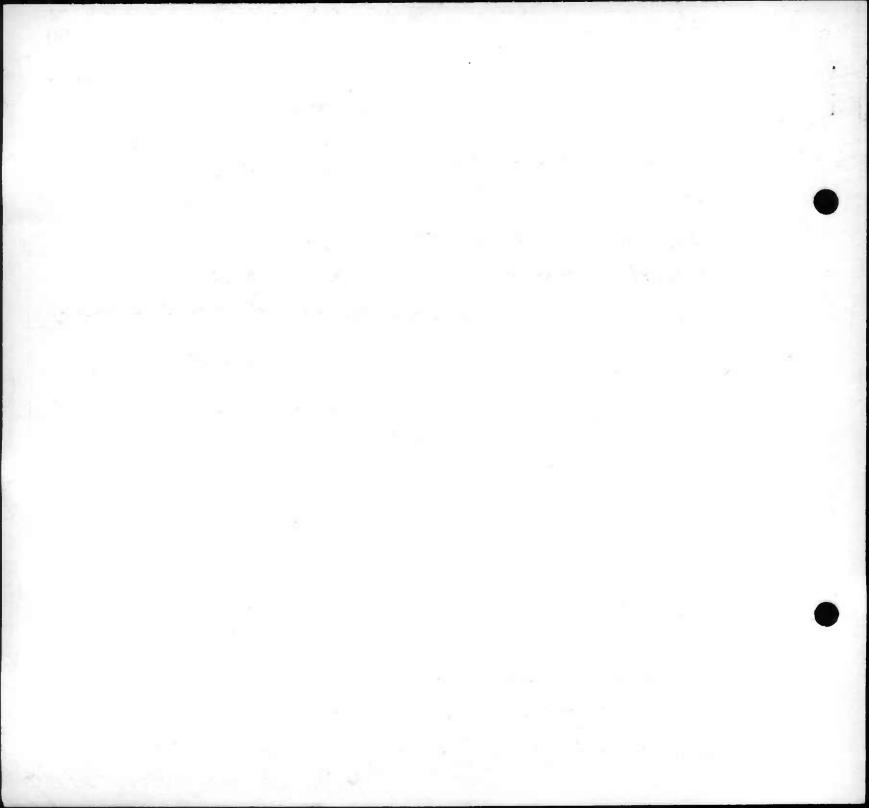
7 . 12 70	00088 BALTIMORE CITY	HEALTH DEPARTMENT 72 00088				
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO				
I. NAME OF DECEASED						
(Type or Print) Trusty, Edw	See a	2. DATE AND HOUR OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	Jan. 3, 1972 3 P.M. M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY				
FULL NAME OF HOSPITAL OR ADDRESS OR LOCALINGTITUTION	AL OR INSTITUTION, GIVE STREET	Maryland, 2739				
The Good Samarita	n Hoapital	Baltimore YES NO				
45		E. STREET AND NUMBER 1347 Silver Throne Rd.				
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lift Under 1 Yt., If Under 24 Hrs., Manths; Days; Haurs; Min.				
Male Negro 10A. USUAL OCCUPATION Give kind of work done during most of working life away if solice it.	WIDOWED DIVORCED DIVORCED	9116102 69				
lone during most of working life, even if retired)	TOWN WILLS OF BOSHMESS ON HADOSING					
13. FATHER'S NAME HOUSE		Baltimore Maryland United States				
Enos Trusty 5. Was Deceased Ever In U. S. Armed Foreys, na ar unknown) (If yes, give war or dote:		Alice Trusty				
Yes, na ar unknown) (If yes, give war or dote:	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
Yes 15 days	218-10-112	2 Helen Trusty 1705 N. Chapel St				
DISEASE OR CONDITION DIR	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
LEADING TO DEATH	(A)IMMEDIATE CAU	se Staphylococcus pneumonia 2days				
(This does not mean the mode of heart failure, asthenia, etc. it means	the disease.	CONSEQUENCE OF:				
injury or complication which caused	death.)					
ANTECEDENT CAUSES (B) Esidermoid Ca of lung						
DISEASES OR CONDITIONS, if a	ny, giving DUE TO, OR AS	A CONSEQUENCE OF:				
UNDERLYING CONDITION last.	(c)					
OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING TO THE DISEASE OF	ORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID (II in Baltimore City, give exact location) ce bldg., INJURY OCCUR?				
21D-TIME (Month) (Day) (Year) OF INJURY	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX)	While At Not While Wark					
22. I certify that (I) (this hospital) attended the deceased from						
that (1) (we) lost saw the deceased of ive on						
ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.						
23A. 51GHATURE 23B. D						
23C. PHYSICIAN'S		ding Med. Staff Phys. 1/3/72				
NAME (Type)		Good Samaintan Ho spirtal				
David Sacks	24C. NAME of CEMETERY OF CREA	9				
Bure 1/1/72	arbutus men	AATORY 240. LOCATION (Gity, town,) or county) (Stole)				
SA. DATE REC'D BY HEALTH DEPT.	5B. NAME OF REGISTRAR	Soft Director Jocks V 13047 Center				
\$ 150-REV- 3/1/68	Joshan M. S.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				



	. /	16.	HILL	BALTIMORE CITY HE	ALTH DEPAR	TMENT				
1	1-520	ME	DICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	72 0008	39
-	TH NO.									
/v D-1-4					2. DATE OF	Known 🔯	Month	Doy	Yeor Hnur	
1.16		Elvie Y	oung		DEATH	Estimoled	1	4	72 2:45	A. M.
4. P	LACE IN BALTI	MORE, MARYLAND,	WHERE P	RONOUNCED DEAD	3. DATE		Manth	Doy	Yeor Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				PRONOL	INCED DEAD	1	4	72 2:45	A	
ORI	SPITAL INSTITUTION	ADDRESS OF FO	CAHON		5. USUAL RI	SIDENCE (Where	decensed li		residence before odn	1011
	00	1439 E.	Eager	Street	A. STATE			B. COUNTY	161	25
						Maryland			100	and a
6. 5	EX 7	RACE	8. MARI	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
	Male	Negro	WIDOV	WED DIVORCED		Baltimore		YES	S NO	
_	ATE OF BIRTH	10.AGE	(In years	If Under 1 Yr. II Under 24 Hrs.	E. STREET					
0	100/0	24 lost birth	doy	Months Doys Hours Min.						
Z	100		/				ager S	Street		
11.1	BIRTHPLACE (Ste	te or foreign country	y	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME	2	1		
	1/a			WHAT COUNTRY	001	W XC	NIC	9		
14A.	USUAL OCCUP	ATION (Give kind of wo	148. KIN	OF BUSINESS OR INDUSTRY	15. MOTHE	SMAIDEN NA	MEN	-		
done	during most of wo	rking life, even if retire	可大	the Dool	BY	tou 1	20	pen		
6	MONDA	ian	50.5005	VIII POCKE	200	wy L	- 0	10	DDECC	
Yes.	WAS DECEASE!	EVER IN U.S. ARM I yes, give wor or dak	ED FORCE	S? 17. SOCIAL SECURITY NO.	18. INFORM	IANE	4.100	AD P	DRESS	21
	100			216-10-3852	Pris	It bushed to	11147	179 p	el allrans	. // /
	19.	21		CAUSE OF DEA	TH C	10			APPROXIMATE	
	7.1.0	-27				/			BEI WEEN ONSE	AND DEATH
		OR CONDITION DI	RECTLY					1.	,	
		EADING TO DEATH	1.1			riosclero	tic ca	ardiovasc	ular	
	heart failure, a	mean the mode of	the disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:	diseas	se		
	juinth at comb	lication which coused	death.)							
	AAF	ECEDENT CAUSES		4-1						
ш			NY GIVING	DUE TO, OR	AS A CONSE	DUENCE OF:				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE									
		ABOVE CAUSE (A) 3	MILLIO IIII							
2	UNDERLYING	CONDITION LAST		(c)						
Ó	UNDERLYING	5 CONDITION LAST	i.							
ATION	OTHER SIGNII	II	CONTRIBU	(c)						==
FICATION	OTHER SIGNII	II FICANT CONDITIONS THE BUT NOT RELATED	CONTRIBUTO THE TERM	(C)						
RTIFICATION	OTHER SIGNII TO THE DEAT DISE ASE OR C	II FICANT CONDITIONS TH BUT NOT RELATED CONDITION GIVEN IN	CONTRIBUTO THE TERM	(C)	AS PEDEODA	FD.			IZI ALITOPSYZ (Ye	sor No)
CERTIFICATION	OTHER SIGNII TO THE DEAT DISE ASE OR C	II FICANT CONDITIONS TH BUT NOT RELATED CONDITION GIVEN IN	CONTRIBUTO THE TERM	(C)	AS PERFORM	ED			21. AUTOPSY? (Ye	s or No)
Ö	OTHER SIGNI TO THE DEAT DISEASE OR C 20A. DATE OF	II FICANT CONDITIONS TH BUT NOT RELATED CONDITION GIVEN IN	CONTRIBUTO THE TERM	(C)TING MINAL FOR WHICH OPERATION WA					Yes	sor No)
	OTHER SIGNII TO THE DEAT DISE ASE OR C	II FICANT CONDITION LAST BUT NOT RELATED CONDITION GIVEN IN OPERATION 20B. C AL CAUSE WAS	CONTRIBUTO THE TERM	(C)TING MINAL FOR WHICH OPERATION WA			(If in Ballima	re City, give exac	Yes	s or No)
	OTHER SIGNII TO THE DEAT DISE ASE OR C 20A. DATE OF 22A. EXTERN UNDERLYNG	II FICANT CONDITION LAST BUT NOT RELATED CONDITION GIVEN IN OPERATION 208. C AL CAUSE WAS DOR CONTRIB-	CONTRIBUTO THE TERM	(C)			(If in Ballima	re City, give exac	Yes	s or No)
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WEDICAL MEDICAL	OTHER SIGNII TO THE DEAT DISE ASE OR C 20A. DATE OF 22A. EXTERN UNDERLYING [UTING CAU 22D. TIME (N OF INJURY (APPROX.) 23. I certif resulte EXAMINE EXAMINE EXAMINE NAME (Ty A. BURIAL CREM MOYAL (Specify	FICANT CONDITION LAST FICANT CONDITIONS HI BUT NOT RELATED CONDITION GIVEN IN OPERATION 20B. C AL CAUSE WAS AL CAUSE WAS AL CAUSE WAS AL CAUSE WAS OPERATION 20B. C AL CAUSE WAS OPERATION 20B. C AL CAUSE WAS OPERATION 20B. C ATTEMPT 20B. C WE THE ATION, 24B. DATI	CONTRIBUTO THE TERM I PART I (A) ONDITION ear) (House Inquiry auses X L 2/72 258, 1	TING AINAL FOR WHICH OPERATION W. 228. PLACE OF INJURY (e.g., home, farm, factory, street, office) 228. INJURY OCCURED. WHILE AT NOT AT W. Inspection Au Accident Suicident Suicident Suicident Au Accident Suicident Au Accident Au Ac	in ar abaut 2 2 while 2 2 while 2 2 while 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2C. WHERE DID (NURY OCCUR?) 2F. HOW DID IN. and that on the control of the cont	JURY OCC nis basis, Undetermi EXAMINER EXAMINER LOCATION	death in my coned manner	Yes population DATE SI	GNED
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PEDICAL STATE OF THE STATE OF T	OTHER SIGNII TO THE DEAT DISE ASE OR C 20A. DATE OF 22A. EXTERN UNDERLYING [UTING CAU 22D. TIME (N OF INJURY (APPROX.) 23. I certif resulte EXAMINE EXAMINE EXAMINE NAME (Ty A. BURIAL CREM MOYAL (Specify	FICANT CONDITION LAST FICANT CONDITIONS HI BUT NOT RELATED CONDITION GIVEN IN OPERATION 20B. C AL CAUSE WAS AL CAUSE WAS AL CAUSE WAS FOR CONTRIB- SE OF DEATH. Lanth) (Doy) (Y Ty that I held an ord from: Natural c REF. WE THE ATION, 24B. DATI 1) 10 10 11 11 11 11 11 11 11 11 11 11 11	CONTRIBUTO THE TERM I PART I (A) ONDITION ear) (House Inquiry auses X L 2/72 258, 1	TING AINAL FOR WHICH OPERATION W. 228. PLACE OF INJURY (e.g., home, farm, factory, street, office) 228. INJURY OCCURED. WHILE AT NOT AT W. Inspection Au Accident Suicident Suicident Suicident Au Accident Suicident Au Accident Au Ac	in ar abaut 2 2 while 2 2 while 2 2 while 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2C. WHERE DID NURY OCCUR? 2F. HOW DID IN. and that on the onth of the occupant of the occupant occup	JURY OCC nis basis, Undetermi EXAMINER EXAMINER LOCATION	death in my coned manner	Yes It location) DATE SI 1-4-72 or county) (S	GNED



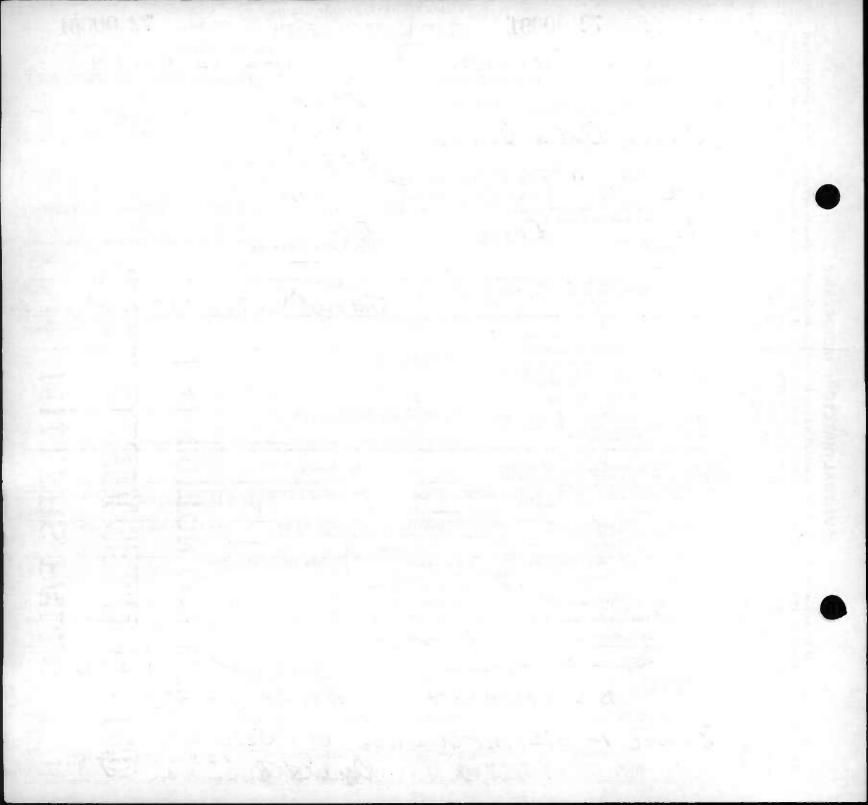
	H-(100) BALTIMORE CIT	Y HEALTH DEPARTMENT							
		ATE OF DEATH REG. NO. 72 00090							
	INAME OF DECEASED Type or Print) HILL, Willie	2. DATE AND HOUR OF DEATH							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	1/5/72 3:47 a. M							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 807							
	NSTITUTION ADDRESS OF LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
	The Johns Hopkins Hospital	Baltimore YES NO							
		1428 N. Broadway							
	Male Negro Married X Never Married	8. DATE OF BIRTH 12/03/03 9. AGE (in years last birthday) 68 If Under 1 Ye If Under 24 Hrs. Months Days Hours Min.							
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OF INDUSTRI								
	one during most of working life, even If relired) ABOTER BETH STEEL	1/A							
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1	Talkanel Cousins	Fanne Hell							
lic	Wes Deceosed Ever in U. S. Armed Forces? es,no or unknown) (III yes, give wor ar dates af service) SECURITY NO.	Margaret Hill 1428 n. Broadway							
╟	18.								
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) CONSTRUCTION OF STATES (45 h)								
	hearl failure, ostheria, etc. It means the disease, injury or camplication which caused death.) DUE 10, OR AS A CONSEQUENCE OF:								
	ANTECEDENT CAUSES	- Rocent CVA 3days (read							
	DISEASES OR CONDITIONS, if any, giving rise la lie abave cause (A) slating the	A CONSEQUENCE OF:							
	UNDERLYING CONDITION lost, (c) + A	20 years							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	CVA							
1	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	- All San Garage							
CENTIES A VIOL	2 WAS PERFORMED	20A. AUTOPSY? (Ves of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIED CAUSES OF DEATH?							
	21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., index of the contribution o	n or about 21 C. WHERE DID (If In Boltimore City, give exact location)							
Avento	TANDON DE CONTROL DE C	21f. HOW DID INJURY OCCUR?							
N N	[(APPROX)								
	22. I certify that (1) (this hospital) attended the deceosed from 1/2 1/2 to 1/2 1/2 to 1/2 1/2 that (1) (we) lost sow the deceased alive an 1/2 1/2 and that in (my) (our) apinion death accurred on the dat and haur and from the causes stated above (1) (We) (did) (did not) view the body ofter death.								
	Thomas K, Kaday MO, AHO	nding Med. Staff Director Phys. 23B. DAJE SIGNED							
		3D. ADDRESS							
	Thomas K. Hodous, MD	The Johns Hopkins Hospital							
24	REMOVAL (Specify) 248. DATE 24C, NAME of CEMETERY of CRE	(Stole)							
25	SMINAL 18 / K Whalis Me-								
	A PAN BOOD BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Lesse B dock 1304h Conhal Or							
VS	150-REV. 1/1/68	The state of the s							



FUNERAL DIRECTOR: IMPORTANT

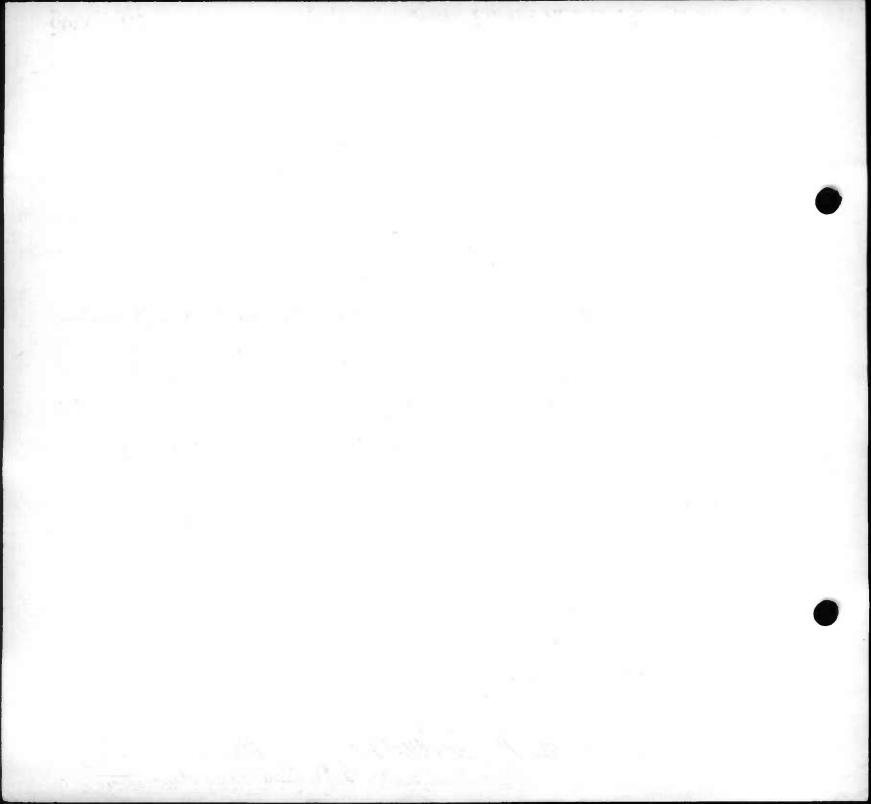
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

,		BALTIMORE CITY	HEALTH DEPARTMENT		Mary etter
	-235 72 00091	CERTIFICA	TE OF DEATH	REG. NO.	23 01004.
	or Print) GILES HOUST	ON	1-	2-72 6	43 P. M.
FULL	NAME OF GIF NOT IN HOSPITAL OR INSTITUTION Jouth Balth Balth Glever		A. STATE B. COUNT C. CITY OR TOWN E. STREET AND NUMBER	D. (NSIDE	Tion: residence before admission) CITY LIMITS? NO
SE)	m 6. RACE N 7. MARRIED [WIDOWED [NEVER MARRIED DIVORCED		AGE IIn years 65 M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
lone	SUAL OCCUPATION (Give kind of work 108, KIND OF lenting most of working life, even if refind) CUC (THER'S NAME	V	11. BIRTHPLACE (State or forcing		2. CITIZEN OF WHAT COUNTRY?
S. W.	us Deceased Ever in U. S. Armed Ferces? to or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT Harry Mer	Ta- 115	ADDRESS
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dylng, e.g., least failure, asthenia, etc. it means the disease, noury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving ise to the above cause (A) stating the JNDERLYING CONDITION last.	A . S	CONSEQUENCE OF:		
ENTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE TERMINAL ISEASE OR CONDITION GIVEN IN FART 1 (A). PA-DATE OF OPERATION 1984. CONDITION FOR WAS PERFORMED		NOVE 20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	
DICAL	R CONTRIBUTING CAUSE OF home etc.) EATH (notify medicol exemined etc.) 10-TIME Monthi (Doy) (Yeek) (Hous) 21 & 10-TIME	INJURY OCCURRED	or obout 21G, WHERE DID ice bidg. INJURY OCCUR?		ity, give exoct location)
2	2. I certify that (V) (this hospital) attended the hot (I) (we) last sow the deceased alive an	e deceased from DI. U.S. ATM (WA) (did) (did not) vi	2-1977 ond the ew the body after death.		
24A. 25A.	BURIAL CREMATION, 248, DATE EMOVAL SpecifyI DATE REC'D BY HEALTH DEPT. 258, NAME OF THE SOURCE STATE STATE 24C, NA 24C, NA 24C, NA 24C, NA 25C, NAME OF THE SOURCE STATE 25C, NAME OF THE SOURCE STATE 25C, NAME OF THE SOURCE STATE 30C, NAM	THEY DEGREE ME OF CEMETERY OF CRE HOLL F REGISTRAR	S. B. G. H	Palls City	lown, or county! (State) Throughtess Throughtess

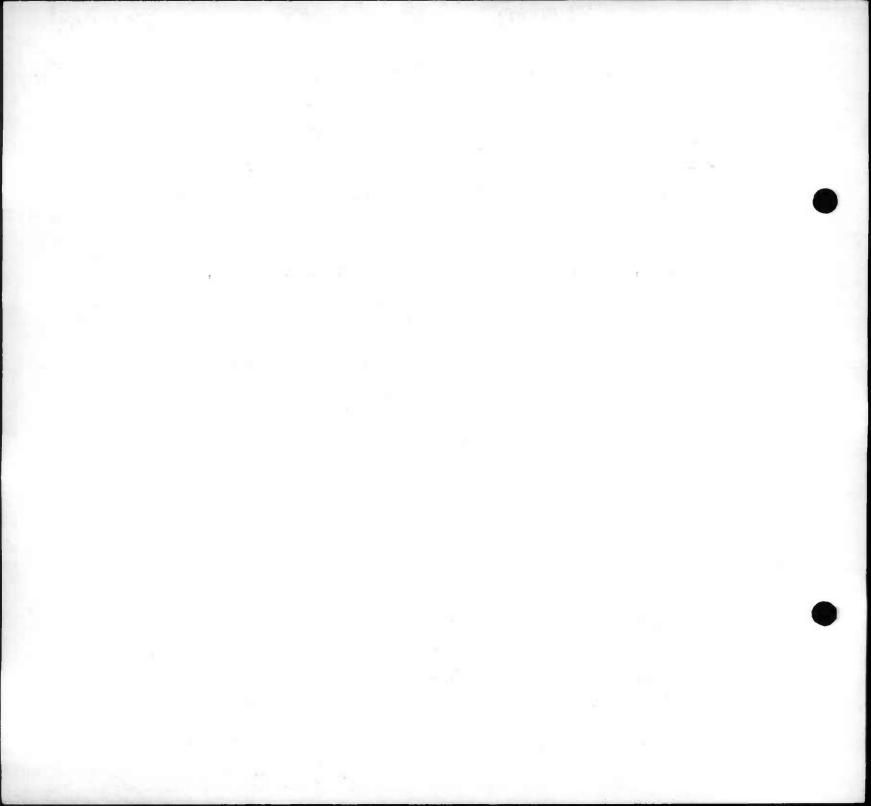


FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be the body was released shows: (1) An accident o was D.O.A. at a hospita deceased prior to death written approval must b

72 00092 BALTIMORE CIT	Y HEALTH DEPARTMENT	0092					
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.	5600					
1. NAME OF DECEASED (Type or Print),	2. DATE AND HOUR OF DEATH						
L HENRY GILLARD	1/2/72 -	1255 P					
3. PLACE IN BALTIMORE, M'ARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence	e before admission)					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?	541					
SOUTH BALTIMORE GENERAL HOSP	BALTIMORE YES TE	№ □					
4-3	4319 PARKTON ST.						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years Il linder 1 Ye	, If Under 24 Hrs.					
MALE COLORED WIDOWED DIVORCED	9-10-07 lost birthday) Months Days	Hours Min.					
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN O	FWHAT COUNTRY					
RETIRED	GEORGIA U.S.	a					
13. FATHER'S NAME	GEORGIA U.S.F	Τ,					
PAUL GILLARD (DECEASED)							
15. Was Deceased Ever In II S Armed Forces?	DLLA ! (DECEASED)						
(Yos, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	RESS					
W 256-28-9610	Thomas & gilland San						
18. 4 0 3 XJ CAUSE OF DEAT		OXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY	DE I WEE	N ONSET AND DEATH					
LEADING TO DEATH	USE Nephrosclerosis						
I lieuti lollute, osinenio, elc. il meons ine diseose.	USE Nejahro Sclerosis A CONSEQUENCE OF: and brenia.						
injury or complication which coused death.)		C					
ANTECEDENT CAUSES	per tension	2722					
	A CONSEQUENCE OF:	***************************************					
isse to the obove couse (A) stoling the UNDERLYING CONDITION lost.	e tufine Encephalopale						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	_						
DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (A.C.)	20A-AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONS	IDERED					
OP CONTRIBUTING TICALISE OF	in or about 21 C. WHERE DID (If in Boltimore City, give exact	locotion					
▼ IDEATH (notify medical examine) —— letc.)	44.4	•					
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At The New							
	le T						
TOTA DESCRIPTION AT WORK							
22. I certify that (1) (this hospital) attended the deceased from	12-25 1971 10 1-2-	19.72					
that (1) (we) last saw the deceased alive on 1 - 2 -	ond that in(my) (oor) opinion death acc	urred an the date					
and hour and fram the couses stated above. (1) (We) (did) (did not)	riew the bady after death.						
23A. SIGNATURE Attending Med. Stoff Director Phys. 23B. DATE SIGNED 1-2-72							
							23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS
DECARE	4219 Parkton St.						
24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, town, or count	y) (Stote)					
Durial 1-6-12 111 ONT WA	ent Dallo In						
JAN 6 912 MEALTH DEPT. 258 NAME OF RESISTRAR	25G TUNERAL DIRECTOR AD	DRESS					
VS 150-REV. 1/1/68	· WULLSON OUT Maully	me					



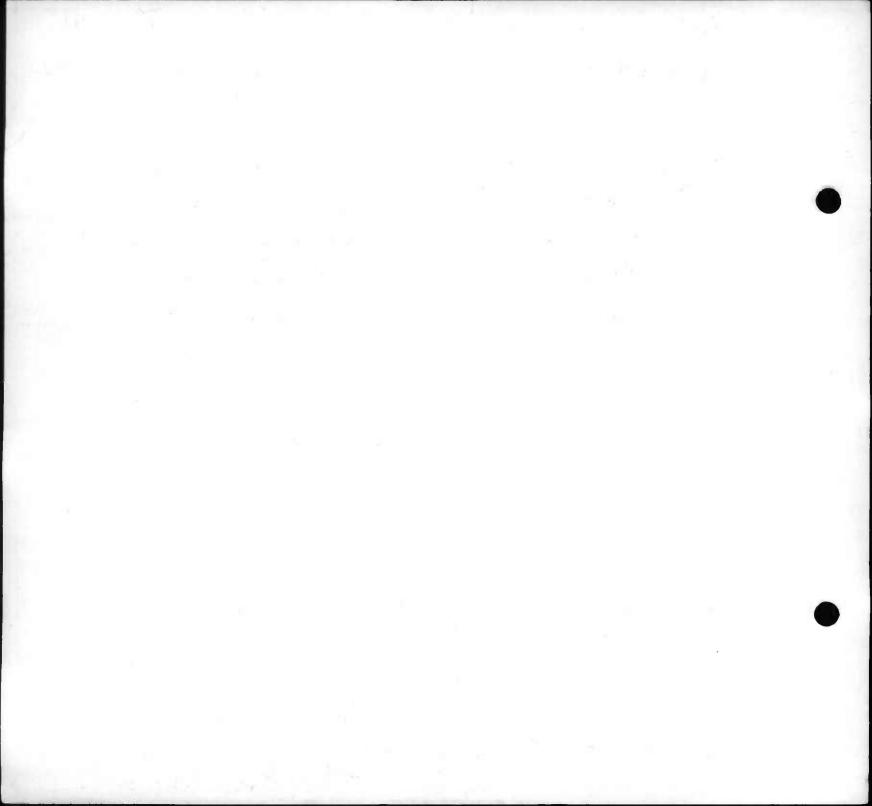
G-300 72 00093		HEALTH DEPARTMENT	250 110	72 00093			
BIRTH NO. 1. NAME OF DECEASED	CERTIFICA	TE OF DEATH	REG. NO				
(Type or Print) EMMA	GOOD	2. DATE AT	D HOUR OF DEATH	13:30 A			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNTIES OF THE PRONOUNTIES		A. STATE B. COUN	re deceased lived. Il in:	stitution: sesidence belose admission			
INSTITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN BALT I MORE	D. INSI	DE CITY LIMITS? YES NO			
33 THE JOHNS HOPKINS HOSPITAL	L	E. STREET AND NUMBER 206 BALLOU	CT				
5. SEX FEMALE 6. RACE NEGRO 7. MARRIED X WIDOWED	DIVORCED	6-23-10	9. AGE iln yeors last birthdoy) 61	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF Education during high of working life, even if relired)	SUSINESS OR INDUSTRY	11 BIRTHPLACE State or lore	ign country)	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	120277			
Hoomes, Moses		ERXNEES	SMITH, FRAN	NCES			
5. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	work	ADDRESS			
18. 4 10 9 1	CAUSE OF DEATH	Sosier Co	0000	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH			
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUS		il impour	rai I hour			
heart failure, osthenia, etc. II means the disease, injury or complication which caused death.)	DUE IO, OK AS A	CONSEQUENCE OF:	V				
ANTECEDENT CAUSES	A	SCUN		_			
DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:					
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(4)						
11	(c)						
Z OTHER CLOSUS CONTRACTOR CONTRACTOR	PROTECTION OF THE PROTECTION O		***************************************				
19A-DATE OF OPERATION 19B. CONDITION FOR WI	TICH OPERATION	20A. AUTOPSY? (Yes or No	ON CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?			
OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examines)	LACE OF INJURY le.g., in form, foctory, street, offi	or obodi 21C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)			
21D-TIME IMonth) (Doy) (Yeo) (Hour) 21E, II OF INJURY (APPROX.) While	At Work	21F. HOW DID INJ	URY OCCUR?				
22. I certify that (I) (this haspital) attended the deceased from JAV / 19 172 to 19 77							
that (1) we) last saw the deceased alive on	JANUARY ?	19 72 and th	at In(my) Your) apin	lan death accurred an the dat			
ond have and from the causes stated abave. (1) (We) (did) olid nat) view the bady after death.							
Luchail Allem Never	e MD Alten	ding Med.	Staff Phys.	23B, DATE SIGNED			
23C. PHYSICIAN'S NAME (Type) MICHAEL ALLEN MO	OORE	THE JOHNS HOP	-	AL			
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	AE OF CEMETERY OF CREA	MATORY 24D. L	CATION (City	, town, or county) (Stote)			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C, FUNERAL DIRECTOR		ML			
JAN 6 1972 P.C. S. J. C.	25	Coullson	1000 Bu	antly he			



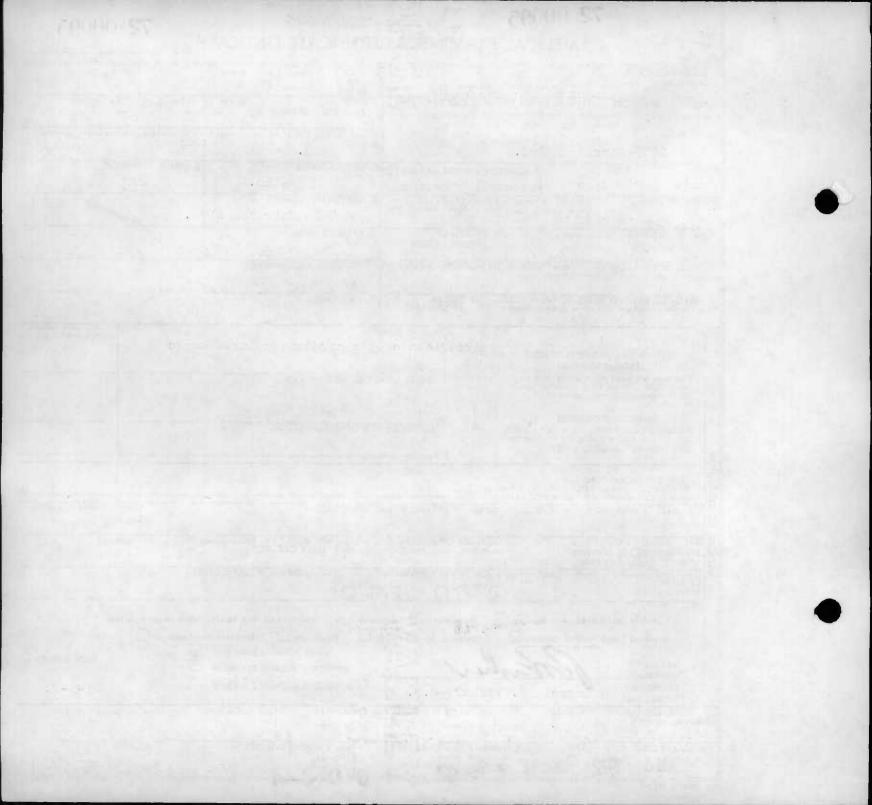
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CAMAY	ノインイン

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. 2505/ FUNERAL DIRECTOR: IMPORTANT

1 - 230 BAL	LTIMORE CITY HEALTH DEPARTMENT 72 00091						
	ERTIFICATE OF DEATH REG. NO.						
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA							
	A. STATE 8. COUNTY						
FULL NAME OF HOSPITAL OR INSTITUTION, GIVEN ADDRESS OR LOCATION)	VE STREET Maryland D. INSIDE CITY LIMITS?						
33	Baltimore YES TR NO						
The Johns Hopkins Hospital	E. STREET AND NUMBER						
-	1808 Greenmount Avenue						
E Ome 1 o Name of the Name of	[last birthday] Manths; Doys ; Haurs ; Min.						
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS	OR INDUSTRY 11. BERTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY						
dane during most of working lile, even if refired)	1/1101						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
11 selmons	Bran Paralowel						
15. Was Deceased Ever in U. S. Armed Forces? (Yes,na or unknown) (II yes, give war at doles at service) SECURI	AL 27- INFORMANT ADDRESS						
SECURI	RITY NO.						
18 CAUS	JSE OF DEATH APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
I LINIS GOES RGI MEON The mode of dving en	IMMEDIATE CAUSE ARDIAC (RREST.						
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO, OR AS A CONSEQUENCE OF:						
ANTECEDENT CAUSES	Gerebrovasalar Akcident						
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CONSEQUENCE OF:						
rise to the abave cause (A) stating the UNDERLYING CONDITION last, (C)	strans ale sign						
11							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	ERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER WAS PERFORMED	ERATION 20A- AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO.						
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF I	INJURY (e.g., in at about 21 C. WHERE DID (If In Boltimare City, give exact location)						
O DEATH (notify medical examined)	ctory, street, office bidg, INJURY OCCUR?						
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OC	The state of the s						
(APPROX.) While At Work	Not While At Work						
22. I certify that (1) (this hospital) attended the decease	ed from /3/ 19/2 to /4 19/2:						
that (f) (we) last saw the deceosed alive an	ond that in (m) (aur) opinion death occurred on the date						
and haur and from the causes stated above. (Me) (did)							
23A, SIGNATURE	Attending Med. Shoff O						
23C. PHYSICIANS	DEGREE Phys. Director Phys. A						
NAME (Type)	23D. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE 24C, NAME OF CEM	DEGREE SCHWS HOPKINS TORP						
REMOVAL (Specify) 1-2-02 hittle	Control of						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL	AR 250-SUNBRAL DIRECTOR ADDRESS						
JANG TOTE POR SE TOPE TO	2503 FUNERAL DIRECTOR ADDRESS						
VS 150-REV. 1/1/68	Consuly 11 1 minus no						



72 00095 BALTIMORE CITY HE	ALTH DEPARTMENT	72 00095
7-622 MEDICAL EXAMINER'S		1
1. NAME OF DECEASED (Type or Print) ALBERT L. FERGUSON	2. DATE Known Month Day OF DEATH Estimated	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION 2405 Garrison Blvd.	5. USUAL RESIDENCE (Where deceased lived. If Institution A. STATE Md. B. COUNTY	1972 1:25a M. ris residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
male negro WIDOWED DIVORCED	Balto.	ES NO
9-DATE OF BIRTH 10.AGE (In years # Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.		
H, BIRTHPRACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	we Se
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME OUTUS)
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (III yes, give-wor or dotes of service) 17. SOCIAL SECURITY NO.	Phichen C Leisuson	DDRESS Same
heart failure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No) yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	, in or obout 22C, WHERE DID (If in Boltimore City, give excepting, etc.)	act location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY WHILE AT NO	T WHILE 22F. HOW DID INJURY OCCUR?	
I certify that I held on Inquiry Inspection Acres Inspection Acres Inspection Acres Inspection Acres Inspection Acres Inspection Inspection Acres Inspection Inspection Acres Inspection In	CHIEF MEDICAL EXAMINER	
NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Blue at 1-1-2 1-1-2 1-1-12	or CREMATORY 24D. LOCATION (City, tow	n, or county) (State)
JAN 6 1972 Page E. Jabe MD	25C. PUNERAL DIRECTOR CAUGH CAUCHSON 1000 E	Beantly h
VS 151-REV. 1/1/68	9	



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11-606 /2 1111198	HEALTH DEPARTMENT 72 00096						
BIRTH NO.	TE OF DEATH REG. NO.						
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH						
VINCENT, BEATRICE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	11/172 9:55 Am.						
WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence belore admission) A. STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND						
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES X NO						
33	E. STREET AND NUMBER						
JOHNS HOPKINS	917 SUMMERSET ST.						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hiss Months; Doys Hours; Min.						
WIDOWED DIVORCED	131 49						
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Beltimore mel USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
GEORGE HOWARD	SUSIE / Sollance						
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] (If yes, give wor or doles of service)	17. INFORMANT ADDRESS						
24 3	Aluly lang same						
18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISÉASÉ OR CONDITION DIRECTLY	Martin Rama B. D.O.						
IThis does not meen the mode of dying e.g. (A) IMMEDIATE CAU	SE A CONSEQUENCE OF:						
injury or camplication which coused death.	heart toilure, asthenia, etc. It means the disease.						
ANTECEDENT CAUSES	Hostothance Housely a policy						
DISEASES OR CONDITIONS, il ony, giving Due 10, OR AS	A CONSEQUENCE OF:						
UNDERLYING CONDITION lost.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING.	Italo Hauce to Licity						
19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
U 21A. ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., In							
U 21A. ACCIDENT WAS UNDERLYING 27B. PLACE OF INJURY (e.g., In home, form, foctory, street, off DEATH Inotify medical examined)	ice bidg., INJURY OCCUR? (If in Boltimore City, give exoct location)						
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED							
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY 1APPROX.) While At Not While At Work	21F. HOW DID INJURY OCCUR?						
22. I certify that (1) (this hospital) attended the deceased from	12 28/ 19 7/ 10 1 /1 1972						
that (1) (we) last saw the deceased office on	19 7 2 ond that in(my) (our) opinion death occurred on the date						
ond hour ond from the couses stated above. (1) (We) (did) (did not) vi	ew the body ofter death.						
23A. SIGNATURE	238. DATE SIGNED						
Phys.	Iding Med. Stoff Phys.						
23C. PHYSICIAN'S NAME (Type)	3D. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)						
REMOVAL (Specify)	VATORY 24D. LOCATION (City, town, or county) (Stote)						
25A. DATE RES'D BY HEALTH PETTING A 25B. NAMESOF REGISTRAR	255 FUNERAL DIRECTOR ADDRESS						
JAN 6 19/2 Jakes 1 19 0	The Salan Sing Proportition						
VS 150-REV, 1/1/68	Contract ad a last Winner al-						

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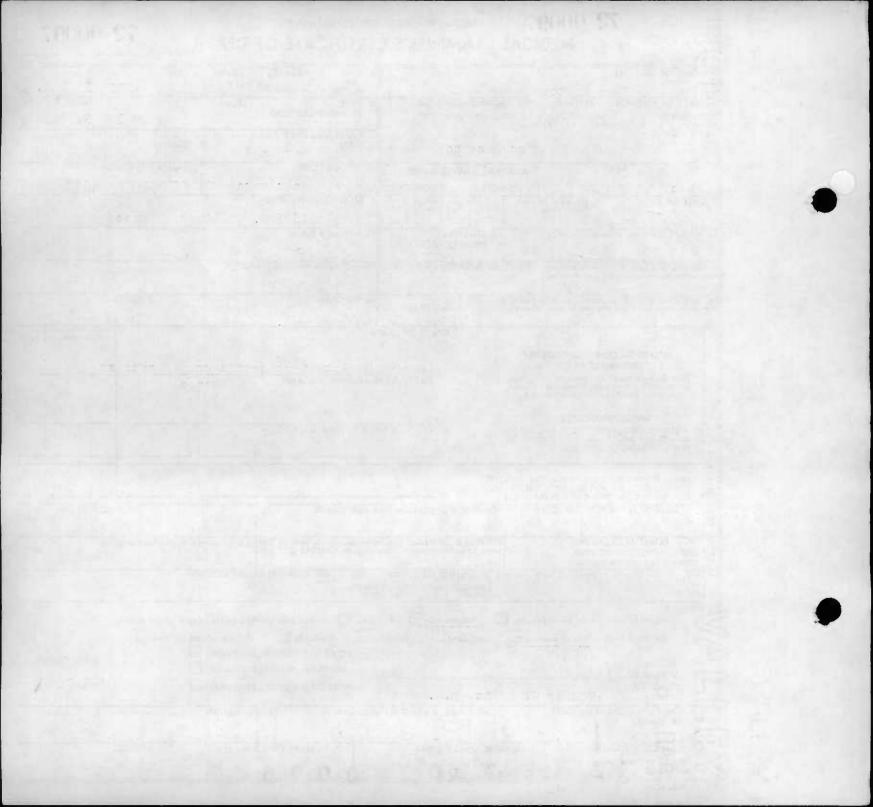
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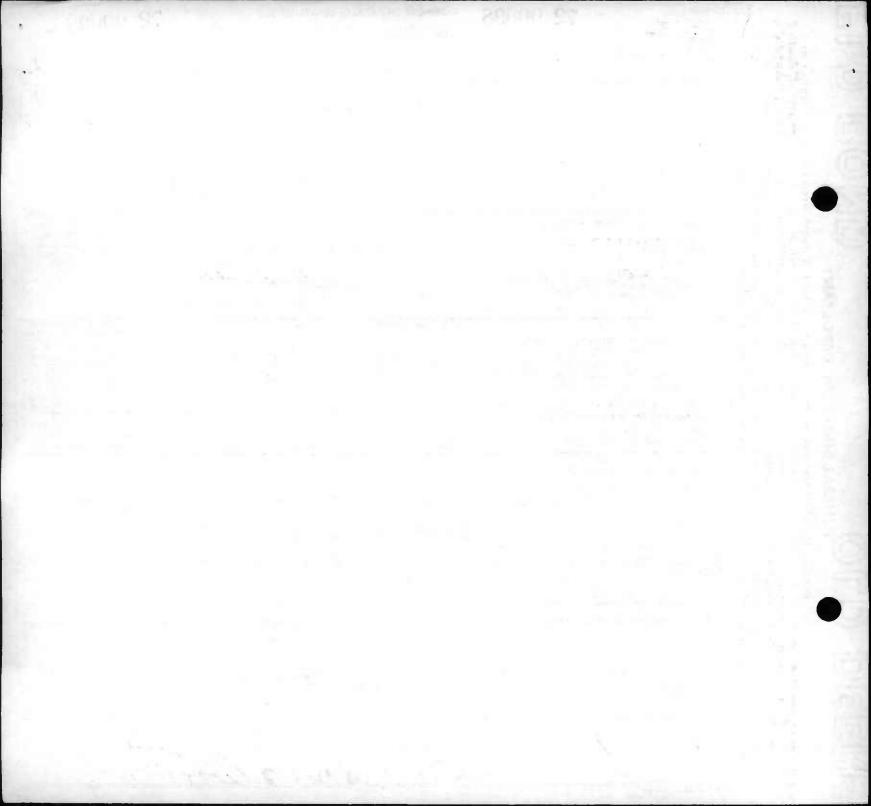
MEDICAL EXAMINER STERLING OF DEATH	00097
D-635 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1. NAME OF DECEASED 2. DATE Known Month Day Year	
John Britton OF DEATH Estimated 1 1 72	3:01 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Yea	r Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD 1 1 72	2 3:01A. M.
Johns Hopkins Hospital S. USUAL RESIDENCE (Where deceased lived. If institution: resident Maryland Maryland	804
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMIT.	S?
Male Negro WIDOWED □ DIVORCED □ Baltimore YES ☒	No 🗆
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	NOL
Viii + lost birthdoy) Months Days Hours Min.	
11. BHTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	•
WHAT COUNTRY?	
Similar Service Sunto	
Ida. USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even lifetired)	
Harov allee	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS (Yes, no or unknawn) ((if yes, give war or dotes of service) SECURITY NO.	7
248-10-8531 Suche Bullon Sun	Chi
19. CAUSE OF DEATH	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE CAUSE Arteriosclerotic cardiovascula	r
(This does not mean the mode of dying, e.g., DUE TO OR AS A CONSCIUENCE OF	**
heart latiture, ostherita, etc. It means the disease, injury or camplication which caused death.)	
Index) a combined on which coases acoust.	
The state of the s	
ANTECEDENT CAUSES (8)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	*******************
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAT	P0007743000700070707070707070707070707070
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAT	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAT	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAT	TOPSY? (Yes or No)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE 10 THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE 10 THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AU 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AU 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING City, give exact location home, form, factory, street, office bidg., etc.) INJURY OCCUR?	No
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 22B. PLACE OF INJURY OR COURTED OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED	No
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING Form, factory, street, office bidg., etc.) UNIDERLYING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about 22C, WHERE DID (II in Baltimore City, give exact location home, farm, factory, street, office bidg., etc.) OF INJURY OCCUR?	No
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYIN	No
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AU 22A. EXTERNAL CAUSE WAS LOCATION 1 (A). 22A. EXTERNAL CAUSE WAS LOCATION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS LOCATION 1 (A). 22A. EXTERNAL CAUSE WAS LOCATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS LOCATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS LOCATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS LOCATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS LOCATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS LOCATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS LOCATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. BURIAL CREMATION, LOCATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. BURIAL CREMATION, LOCATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. BURIAL CREMATION, LOCATION 20B. CONDITION CONTRIBUTION CONTRIBUTIO	No DATE SIGNED 1-2-72
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE 10 THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GOVERN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AU 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING OR CONTR	No DATE SIGNED 1-2-72
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR	No DATE SIGNED 1-2-72
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE 10 THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GOVERN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AU 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING OR CONTR	No DATE SIGNED 1-2-72



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7 72 00098 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.
I. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	A. STATE & COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
I Union Memorial Host.	Batto. YES NO
+4 Batto, Md. 21218	E. STREET AND NUMBER 1549 E. Canswell St.
6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE Un years 50 II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Unemployed	S.C. 4.5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jawon Sepster	mary M kinney
15. We's Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor of dates of service) SECURITY NO.	Stepdoughter + Wite ADDRESS
18. 0// 9/1 CAUSE OF DEA	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(A) IMMEDIATE CA	A CONSEQUENCE OF:
hand fallurs, distribute, and the disease, situry or complication which caused death.)	
A A ANTECEDENT CAUSES LE CO	
DISTANCE CONTINUES, A diff, giving ise to the baye course (A) stoling the UNDERLAND CONDITION (SEE	S A CONSEQUENCE OF:
ONDER ING CONDITION FORE THE SIGNING THE	
11 (1)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FOR TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A AUTOPSYS (Yes of No.) 20B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED	110
21A. ACCIDENT WAS UNDERLYING 21& PLACE OF INJURY (e.g., home, form, foctory, street of DEATH (nofity medical examines) 21& PLACE OF INJURY (e.g., home, form, foctory, street of DEATH (nofity medical examines) 21& PLACE OF INJURY (e.g., home, form, foctory, street of DEATH (nofity medical examines) 21& INJURY OCCURRED	in or about 21 C. WHERE DID lifice bidg. INJURY OCCUR? (If in Boltimore City, give exact location)
	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not White At Work At Work	
22. I certify that (1) (this hospital) attended the deceased from	19 10 19
that (I) (we) last saw the deceased alive on	19 and that in(my) (our) uptation death-occurred on the date
and hour and from the causes stated above (1) (We) (did) (did not)	view the bady after death.
23A-SIGNATURE	ending Med. Shoff T
Many Sugar Live . Decree by	s. L. Director L. Phys. L. Oqn. 2, 13
Thanks Hyper The Canada	Union Memorial Hospital
24A. BURIAL CREMATION, 1248, DATE 124C NAME OF CEMETERY OF CR	2
Dun 1-7-72 Int Mount	but Balto me
25A. DATE RECED BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
V\$ 150-REV. 1/1/68	THE STATE OF THE S



IMPORTANT DIRECTOR: FUNERAL

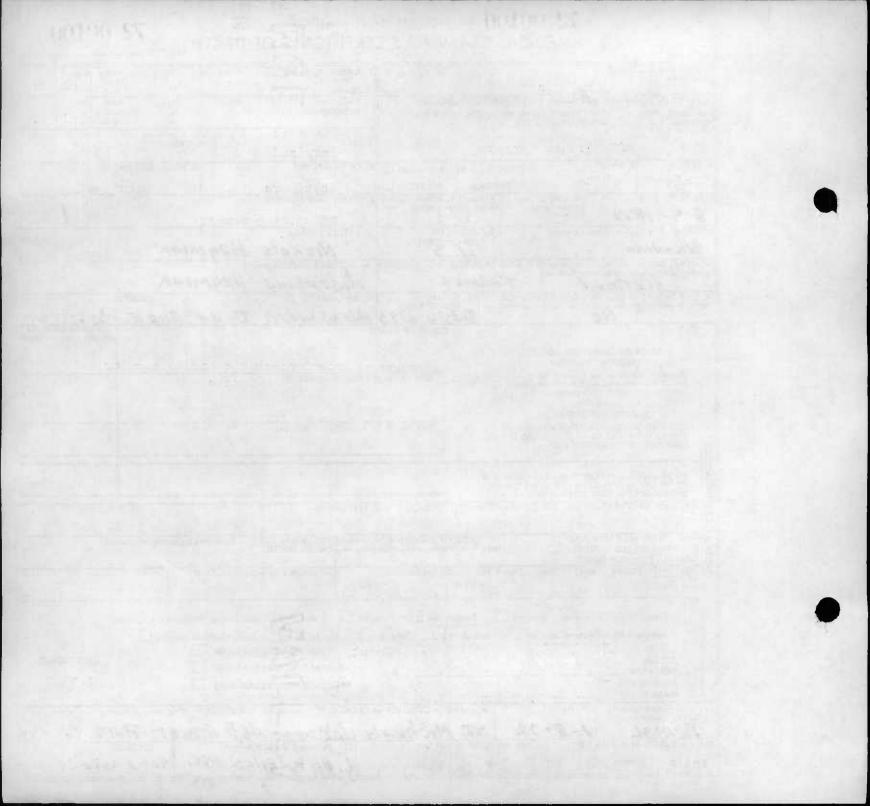
REG. NO. CERTIFICATE OF DEATH Such death Deceased and I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type of Print) LO a hospital 3. PLACE IN BALTIMORE, MARYLAND, death. of WHERE PRONOUNCED DEAD ance A. STATE (2) Maryland cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN cause; attend 0 BAITIMORE. HOSPITAL E. STREET AND NUMBER prior contributing occurred GRANTIE Undetermined in regular disposition is made 9. (AGE (In years 5. SEX 8. DATE OF BIRTH 6. RACE deceased MARRIED NEVER MARRIED DIVORCED WIDOWED 11. BIRTHPLACE (State or foreign country) ve kind of work 108, KIND OF BUSINESS OR INDUSTRY 10A. USUAL OCCUPATION done during most of working life even if retired) Housewife MARY Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the (4) Georgie Johnson Clark Pennell LO death 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT 6. SOCIAL or final (Yes, no or unknown) (If yes, give was or dates of service) SECURITY NO. attendance no 24-9019 any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY Secondaries embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. Il means the disease, regular injuly or complication which coused death.) who ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE 4 the remains are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the physician UNDERLYING CONDITION lost. and (6) No physician was Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Na) WAS PERFORMED before by 3 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF tNJURY (e.g., in or about 21C. WHERE DID hame, form, foctory, street, affice bldg., tNJURY OCCUR? where to the hospital MEDICAL DEATH (notify medical examiner) any nature; obtained 21 D. TIME 21 F. HOW DID INJURY OCCUR? (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY Not While approved (except While At (APPROX.) Wark At Wark 12 22. I certify that (1) (this hospital) attended the deceased from 3 that (1) (we) fost sow the deceased alive on hospital death) accident of ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must the body was released 23A. SIGN ATURE Attending Med 0 Director Phys. approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior ŧ was D.O.A. DEGRE shows: (1) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) deceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION New Cathedral Burial 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before D. INSIDE CITY LIMITS YES P NO If Under 1 Yr. Months: Days If Under 24 Hrs. Hours Min. Hours 12, CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED (City, tawn, ar county) Baltimore, Maryland 1735 Harford AVe. APPERS

Secondarias in \$30 W.L.S. Carringona Kidney Et Kashhasi DE KARAMARI ELLANDON HOSP ...

18N6 1 VS 151-REV. 1/1/68

7-30			0100							72 0	0100	
BIRTH NO.	0	MED	DICAL I	EXAMINE	R'S C	CERTIFIC	CATE OF	DEAT	H REG. NO.		7 (71)	
NAME OF DEC		n Duda				2. DATE OF DEATH	Known 🗵	Month 1	Doy 4	Yeor 72	1:20	P
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Day	Year	Haur	
ULL NAME OF OSPITAL OR INSTITUTION	(IF NO ADDRE	TIN HOSPITA	AL OR INSTITU TION)	ITION, GIVE STREET			SIDENCE (When	1 re deceased lin	4 ved. If Institutio	72	1:20	
SEX	229 S	. Ann	Street			A. STATE	ryland		B. COUNTY	ox	02	
Male	Whit	e	WIDOWED	NEVER MARK					D. INSIDE C			
DATE OF BIRTI	H	10.AGE (II	nyears K	Under 1 Yr. If Under	r 24 Hrs.		ltimore ND NUMBER		Υ Υ	ES X	ио Ц	
8-9-18	199	Tost birthdo	y) Mc	onths Days Hours	Mln.	22	9 S. Ann	Stroot				
BIRTHPLACE (S	tate or foreig		12.	CITIZEN OF		13. FATHER'S		Street	-			
UKANIK	15			WHATCOUNTRY	13	N	ICKOLS	HRY.	MIAK			
A.USUAL OCCU	PATION (Give	e kind of work	14B. KIND O	F BUSINESS OR IN	NDUSTRY	15. MOTHER	'S MAIDEN NA					
10%	TIREC		111	RMER		Hase	PHINE	HR41	MIAK			
WAS DECEASI	ED EVER IN	U.S. ARMED	of service)	17. SOCIAL SECURITY I	NO.	IB. INFORM	ANT		A	DDRESS		
19. 2/ /	No			213-30-0	2383	ALEXS	ANDER	Dudi	2/10	E.P	2.4TT	57
DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TO THE DEA	IFICANT CON	ONS, IF ANY USE (A) STATON LAST.	ONTRIBUTING THE TERMINA	(c)	10, OR /	AS A CONSEC	UENCE OF:					
	OPERATION			R WHICH OPERAT	ION WA	S PERFORMI	D			21. AUTO	PSY? (Yes	or No)
										No		
UNDERLYING		TRIB_	22B hon	PLACE OF INJUI	RY(e.g., eet, office	In or about 22 bldg., etc.) IN	C. WHERE DID JURY OCCUR?	(if in Baltimor	e City, give exc	ct location)		
22D. TIME (OF INJURY (APPROX.)	Month) (D	ay) (Year		22E. INJURY OCCI WHILE AT WORK		WHILE	F. HOW DID IN	JURY OCCU	JR?			
	R'S	otural cou	nquiry ses /	Inspection & Accident	Aut	eputy C	and that on the control of the contr	Undetermin EXAMINER EXAMINER	ed manner		DATE SIGN	NED
A. BURIAL CREM	AATION, 2	1-8-		ST. MICH				LOCATION	*	or county)		
DATE REC'D	BY HEALTH D			E OF REGISTRAR	IEA	15 UK/	DANION SINERAL DIRECT	18-5	IREET	10011	0.60.	110
U. BUILDING D.			1230. (AMIL)	E OF REGISTRAK		25C, FI	MAEKWT DIKETT	OK	Δ	DDRESS		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

72 004 O BALTIMORE CIT	TY HEALTH DEPARTMENT					
BIRTH NO. 72 00101 CERTIFICA	ATE OF DEATH REG. NO.					
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH					
(Type or Print) MARY C. COUSINS	1-4-72 M					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN DESIDE CITY HAITS?					
	D. Walde all Elimina					
70 (2)	E. STREET AND NUMBER					
102 N. PACA ST.	2003 EASTERN AVE					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.					
TEMBLE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTR	1 9-26-81 84					
dane during most of working life, even if retired) Maid RETIRED SON LIGE 145: Co	The contract of the country					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war or dates of service! SECURITY NO.	17. INFORMANT ADDRESS					
No 216-01-8122	ABERNARD LUMSDEN 2612 FOSTER AVE					
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 le le le le le					
(This does not meon the mode of dying, e.g., (A) IMMEDIATE CA	S A CONSEQUENCE OF:					
heorl failure, asthenia, etc. II means the disease, injury ar camplicotion which coused deoth.)	Fr Boles L					
ANTECEDENT CAUSES	To Book '					
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	S A CONSEQUENCE OF:					
rise to the obove cause (A) stoling the UNDERLYING CONDITION tast.	undertie CUHH					
	A					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN FORM TO A CONTRIBUTION 1994 DATE OF CONDITION 1998 CONTRIBUTION FOR WAIGH OPERATION	touting (n) ce					
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
E Dec 1651 WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY 16.9.	in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) office bldg., INJURY OCCUR?					
▼ IDEATH (notify medical examined) letc.)	bilice olog., INJURY OCCUR:					
21D-TIME (Month! (Doyl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
While At Not Whok At Work						
22. I certify that (I) (this hospital) attended the deceased from 24 197/ ta 197/						
that (1) (we) lost saw the deceased alive on Jon 4	19 72 and that In(my) (and opinion death occurred on the date					
and hour and from the couses stated above. (1) ((1) (did nat)						
23A. SIGNATURE	23 B. DATE SIGNED					
DEGREE Ph	rending Med. Staff Director Phys.					
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS					
Willand AppleTeZI) DEGREE						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	tolly loving at domy?					
BURIAL 1-7-72 ST. MATTHEWS	6104 O'DONNEIL ST					
JAN6 1972 WITE SEE NAME OF REGISTAR	LOIGH ZEIDER INC. 1901 EASTERN AVE					
VS 150-REV T/1/49						

The second of the second second place

Russell S. Fisher, M.D.

MT

258. NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

Calvary Cemetry

24B. DATE

1/6/72

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/68

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

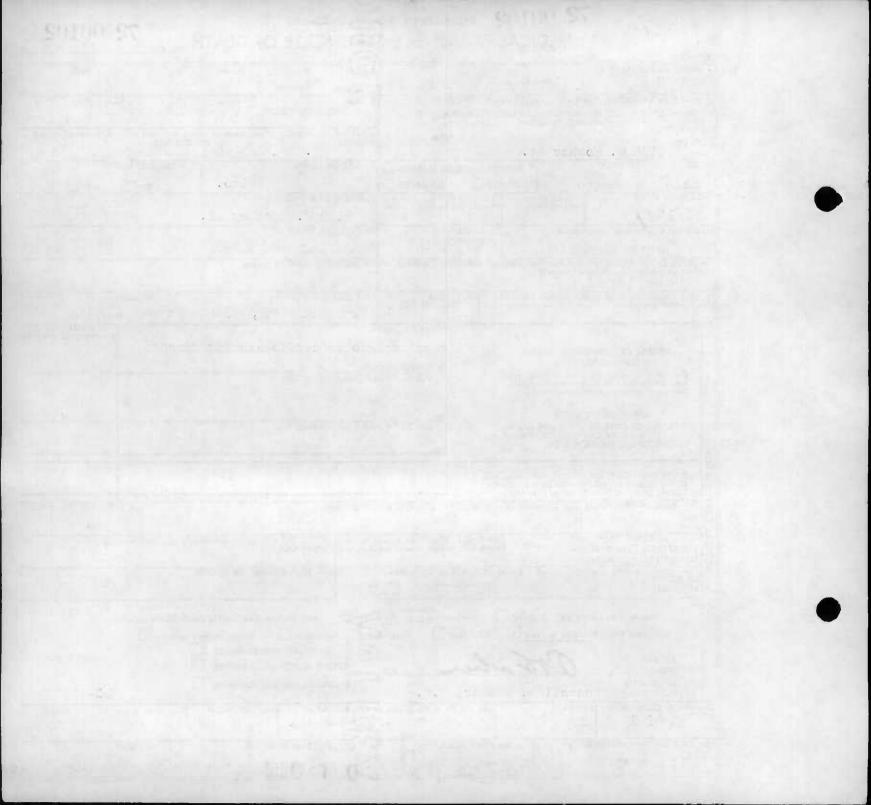
A A County Md

olahus Halstead 1206 W

1 - 3 - 72

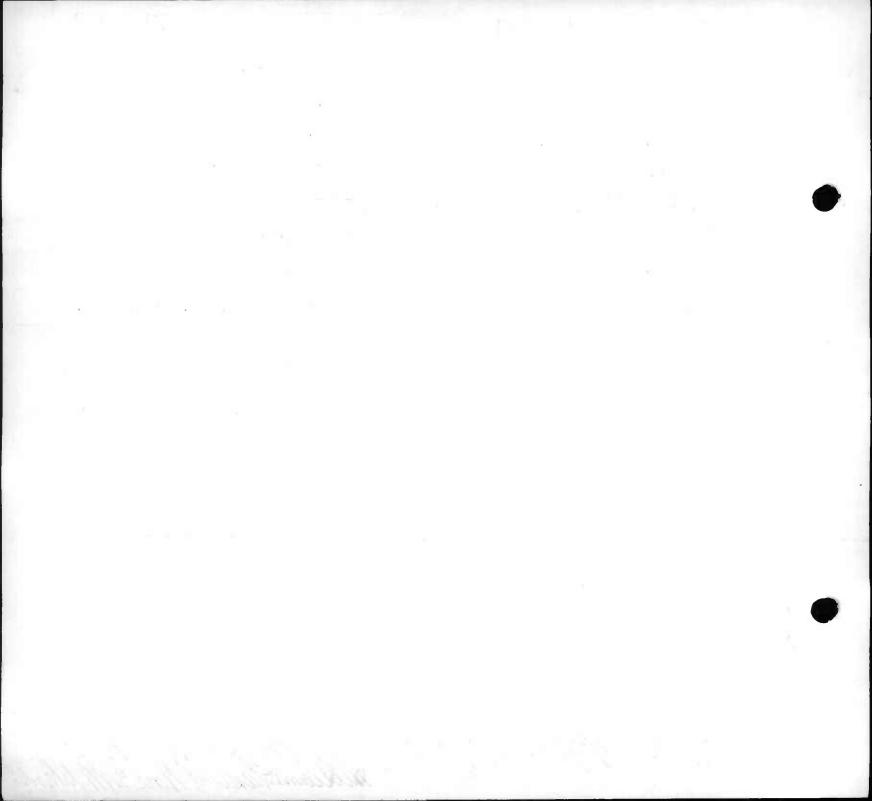
ADDRESS

(Stote)



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital This certificate must be approved by the chief medical examiner or his assistant if death occurred in

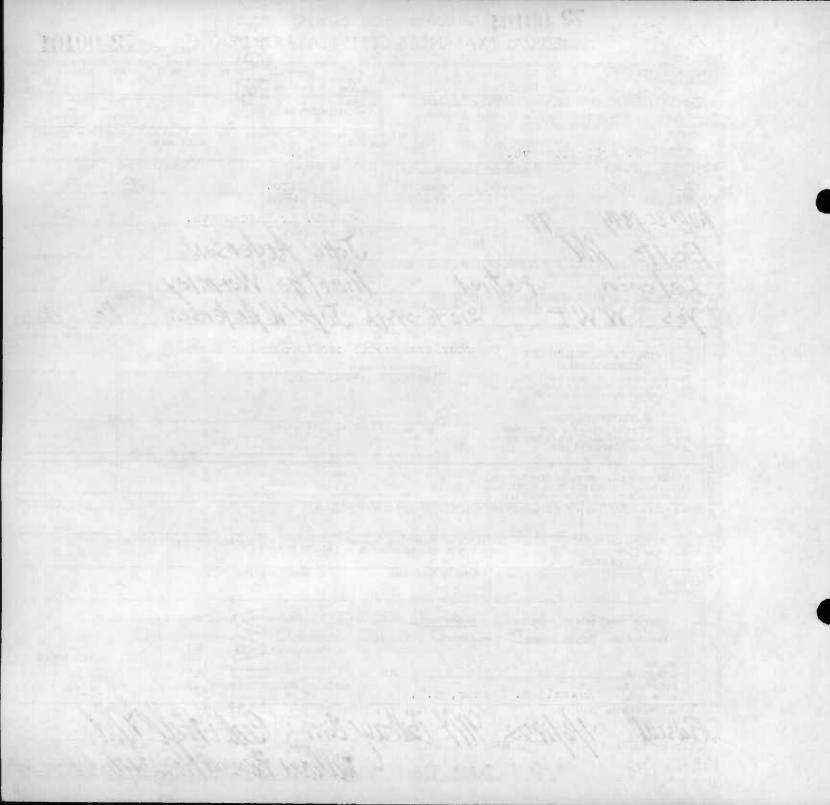
	A-53	5 72 0	010		Y HEALTH DEPARTMENT 72 00103 REG. NO. 72 00103				
1.	NAME OF DEC								
IL		ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			Jan. 1, 1972				
"	PLACE IN BAL	IIMORE, MARYLAND, W	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY					
II H	ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOCA	AL OR II	NSTITUTION, GIVE STREET	Md .	D. INS	IDE CITY LIMITS?		
ľ	18 N.	Morley St	•		Balte.		YES NO		
	00				18 N. Morle	ey St.			
F	emale	Colored		WED A DIVORCED	8. DATE OF BIRTH 12-25-1889	9. AGE (In years last birthday)	Il Under 1 Yı. Il Under 24 Hıs. Months Doys Hours Min.		
10	A, USUAL OCCL	JPATION (Give kind of work working lile, even if retired)	108. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?		
	Housew	ife			Shannon N.C.				
13	FATHER'S NAM	A E			14. MOTHER'S MAIDEN NA	ME			
11		Murphy			Mary McCollu	ım			
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. Armed Ford	es? of serv	ice) SECURITY NO.	17. INFORMANT		ADDRESS		
	No			JECONIII NO.	William Murp	hy 18 N. N	forley St.		
CERTIFICATION	injury or complication which coused deoth.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (Al stoling the UNDERLYING CONDITION lost. (C)				A CONSEQUENCE OF: 20A. AUTOPSY? (Yes of No. of about 21C, WHERE DID.	IN CERTIFYING CAL	e Ilaknoun		
ICAL	DEATH (nobity	T WAS UNDERLYING [] FING [] CAUSE OF medical examines)		home, form, foctory, street, off etc.)	ice diag. INJURT OCCUR!				
MEDI	OF INJURY	(Month! (Day) (Year)	(Hour)	While At Not White	21F. HOW DID INJ	URY OCCUR?			
	(APPROX.)			Work L At Work					
		22. I certify that (1) (this haspital) attended the deceased from 17 19 70 to 19 70 to 19 75							
	that (1) (we) lost saw the deceased alive on 12-2 19-7 and that In(my) (our) apinion death occurred on the date								
-	and hour and fram the couses stated above. (1) (We) (did) (did not) view the body after death.								
	Attending Med. Staff 7								
	23C. PHYSICIAN	rs pel	1/0	DEGREE Phys.	Director L	Phys. L	1-3-12		
24/	A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF GREMATORY 240, LOCATION (City, Abwr. of county) (Stock								
1	HARLE 1/5/72 Prospect Con Prospect (Stole)								
234	JAN 6 1972 POR ADDRESS AND OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS AND SAME OF REGISTRAR DIRECTOR ADDRESS AND SAME OF REGISTRAR								
VS	150-REV. 1/1/68				THE THE THE PARTY OF THE PARTY	willy //	CARX (17.11-18010000)		



A-1536 72 00104 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EV A MINIEDIC	CEDTIEICATE	OF DEATH
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

	MEDICAL EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	72	10104		
BIRTH NO. 1. NAME OF DECEASED		II2. DATE	Knawn 🔲	Month	Doy	Year	Hour		
(Tune or Print)	N ANDERSON	OF DEATH	Estimated 🗆						
4. PLACE IN BALTIMORE, MARYLAI	ND, WHERE PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.		
FULL NAME OF (IF NOT IN HI ADDRESS OR OR INSTITUTION	OSPITAL OR INSTITUTION, GIVE STREET LOCATION)		NCED DEAD SIDENCE (Where	1	3	1972	10:30a M.		
00 204 N. Arling	ton Ave.	A. STATE	Md.		B. COUNTY	: residence b	1802		
6. SEX 7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?			
male negro	WIDOWED DIVORCED		Balto.		YE	s 🔀 ı	No 🗆		
AUG 20, 1894 lost b	GE (in years Winder 1 Yr. II Under 24 Hr. Months, Days Hours Min	204	No Number N. Arling	gton Av	7e.				
11. BIRTHPLACE State of foreign, countries of the state o	WHAT COUNTRY?	13. FATHER	N ALG	anso	N				
14A.USUAL OCCUPATION (Give kind of dane during master working life, even life and the company of	work 14B. KIND OF BUSINESS OR INDUST	RY 15. MOTHE	A THAT	Nona	MAN				
io. WAS DECEASED EVER IN U.S. A	RMED FORCES? doles of service) 17. SOCIAL SECURITY NO.	18. INFORM	ANY W. A	lecter	SON	DDRESS	la Paz		
19. 4/12 1/1	CAUSE OF DE	ATH	1101101	my cr			PROXIMATE INTERVAL EEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease								
(This does not mean the made heart lailure, asthenia, etc. it me injury or complication which cour	of dying, e.g., ans the disease,	CAUSE R AS A CONSEQ	JENCE OF:						
ANTECEDENT CAUS	F ANY, GIVING DUE TO, O	R AS A CONSEC	UENCE OF:						
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I									
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED BLEASE OR CONDITION GIVE!	ED TO THE TERMINAL								
20A. DATE OF OPERATION 208	CONDITION FOR WHICH OPERATION	NAS PERFORMED 21.					AUTOPSY? (Yes or No)		
00				no	no				
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	22B. PLACE OF INJURY (e. home, farm, loctory, street, of	i., In or obout 2 fice bldg., etc.) II	UURY OCCUR?	Il in Boltimo	re City, give exc	ct location)			
22D. TIME (Month) (Doy) OF INJURY (APPROX.)	(Year) (Hour) 22E.INJURY OCCURREI M. WHILE AT N. AT	OT WHILE WORK	2F. HOW DID IN.	JURY OCCI	UR?				
	i certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion								
resulted from: Nature	resulted from: Natural causes Accident Suicide Homicide Undetermined monner								
ACTUAL	216-ali	ASS1	HIEF MEDICAL E				DATE SIGNED		
SIGNATURE EXAMINER'S NAME (Type) RUSS	sell S. Fisher, M.D.	.D.	CIATE MEDICAL E		ö	1-	3-72		
24A. BURIAL CREMATION, 24B. D. REMOTAL (Specify)		y or CREMATO	RY 24D.	LOCATION	Hely, roll	1/1/1	(State)		
AN 6 1972 Robert	258. NAME OF REGISTRAR	25C.)	UNEXAL DIRECT	Wally	Hour.	DORESS 3	(harbell		
OIL Jest Neigh	NAME OF DESTRUCTION OF THE PROPERTY OF THE PRO	NIL	11000 134	10000	I LUTTU -	711	y way y		



BIRTH NO. 1. NAME OF DECEASED Type of Print)						HOUR OF DEATH			
AUGUST P. MEYERS 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					JAN. 2, 1972 8:35 A.				
					A. USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission A. STATE B. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	70	Lake Drive	Nursi	ing Home	Baltimore 21224 YES X NO ESTREET AND NUMBER				
			Place		230 North Milton Avenue				
OA.	M	6. RACE W UPATION (Give kind of world)	WIDOWED		Jan. 191 1905	AGE (In years st birthdoy) 6	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.		
вопе	during most of	working tife, even if retired)	Reti	red	Balto. Maryl	Land	USA		
			14. MOTHER'S MAIDEN NAME						
	Au	gust Meyers	3		Rose Gorericke				
5. W	as Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		230 North		
	NO		215	05 5021	Mrs Margaret	C. Meyer			
(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES				acut	AUSE S A CONSEQUENCE OF: THE BOLL OF: THE PLAN A CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
RTIFICATION	OTHER SIGNIF O THE DEAT DISEASE OR C 9A. DATE OF	FICANT CONDITIONS CO I'M BUT NOT RELATED TO T CONDITION GIVEN IN PAR OPERATION 198. CON WAS PER	HE TERMINAL IT 1 (A). IDITION FOR Y FORMED	PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No) NO in or obout 21 C. WHERE DID				
CAL CERTIFICATION	OTHER SIGNIFE O THE DEAT DISEASE OR C 9A. DATE OF 1A. ACCIDE OR CONTRIBO DEATH (notify	FICANT CONDITIONS CO IH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR FOREATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF T medicol exominer	HE TERMINAL IT 1 (A). DITION FOR FORMED 21B hometo.	PLACE OF INJURY (e.g., ne, lorm, foctory, street, o	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	FINDINGS CONSIDERED USES OF DEATH? • City, give exact location)		
AEDICAL CERTIFICATION	OTHER SIGNIF O THE DEAT DISEASE OR C 9A. DATE OF DIA. A CCIDE DR CONTRIBU	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING	HE TERMINAL IT 1 (A). IDITION FOR 1 FORMED 21B hom etc. (Hourh 21E	PLACE OF INJURY (e.g., e.g., lorm, foctory, street, o.g.) INJURY OCCURRED itle At Not Whi	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJUS	(If in Boltimore			
MEDICAL CERTIFICATION	DTHER SIGNIFO OTHE DEAT SEASE OR COPAL DATE OF THE DEATH (notify The Transport of The Transport of The Transport of Transp	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO TO NOTION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exominer (Month) (Doy) (Yeor) that (I) (this hospital lost saw the decease of the causes started to the course of the causes started to the course of the causes started to the cause of the causes started to the cause of the cause	HE TERMINAL IT 1 (A). IDITION FOR FORMED 21B hornetc. (Hour) 21E Wh Wo 1) attended t	PLACE OF INJURY (e.g., ne, lorm, foctory, street, or) INJURY OCCURRED At Not Whith At Work The deceased fram 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJUS 5/21/69 19 19 72 and that view the bady after death.	(If in Boltimore	2/72 19 Inian death accurred on the do		
MEDICAL CERTIFICATION	DTHER SIGNIFO OTHE DEAT SEASE OF COPAL DATE OF PARTIES OF COPAL DEATH (notify TD. TIME OF INJURY APPROX.) 2. I certify hat (I) (we) and haur and h	CICANT CONDITIONS CO TH BUT NOT RELATED TO TO TO NOTION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exominer (Month) (Doy) (Yeor) That (I) (this hospital lost saw the deceosed from the causes state of the causes o	HE TERMINAL IT I (A). IT I (A). IDITION FOR YEAR IN IT I (A). (Hour) 21E. Who Wo I) attended to a live an ted above. (I	PLACE OF INJURY (e.g., ne, lorm, foctory, street, or ne, lorm, lord, lor	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJUS 5/21/69 19 19 72 and that view the bady after death. 23D. ADDRESS 8228 SMALLWO	in(my) (aur) apin	2/72 19 19 19 19 19 19 19 19 19 19 19 19 19		
MEDICAL CERTIFICATION	DTHER SIGNIFO OTHE DEAT INSEASE OR COPAL DATE OF TALL ACCIDED OR CONTRIBUTION OF THE INJURY APPROX.) 2. I certify hat (I) (we) and haur a	II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO NOTIFICATION GIVEN IN PART OPERATION 198. CON WAS PER INT WAS UNDERLYING JITING CAUSE OF Medicol exominer (Month) (Doy) (Yeor) That (I) (this hospital lost saw the deceosed fram the causes standard fram the causes stan	HE TERMINAL IT 1 (A). TO T	PLACE OF INJURY (e.g., or, lorm, foctory, street, or, lorm, foctory, street, or, lord, foctory, street	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID ffice bidg, INJURY OCCUR? 21F. HOW DID INJUS 21F. HOW DID INJUS 21F. HOW DID INJUS 31F. HOW DID INJUS 4 Director And that Director And	to 1/ in(my) (aur) apin coff Dod Road cation (Ci	2/72 19 mian death accurred on the 23B. DATE SIGNED 1/4/72 Belto. Md. 21: ity, town, or county) (Sto		

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The state of the s

principal of the control of the cont

This cortificate must be approved by the chief medical examiner or his assistant if death, accurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death. Such attendance was D.O.A. at a hospital (except where the physician who pronounced death was in regular attend deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made. approved by the chief medical examiner or his assistant if death This certificate must be

BALTIMO	ORE CITY HEALTH DEPARTMENT							
BIRTH NO. 72 00106 CERTI	IFICATE OF DEATH REG. NO. 72 00106							
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
TURNIPSEED, ROBERTA	1/4/72 4:30 a. _M							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STE	Manual and 3							
INSTITUTION ADDRESS OF ECCHION	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
33	Baltimore YES NO							
The Johns Hopkins Hospital								
5. SEX 6. RACE 7. MARRIED NEVER MARR	RIED 8. DATE OF BIRTH 9. AGE (In yours If Under 1 Ye if Under 24 Hrs.							
Female Negro WIDOWED NOVEL	last birthdoy) Months; Doys Hours: Min.							
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN								
done during most of working life, even if refired)	Richland Co, S. C. U. S. A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Honry Croshy								
Henry Crosby 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Nona Trapp 17. INFORMANT ADDRESS							
(Yes, no or unknown) of yes, give wor or doles of service) SECURITY N 216-36-	lo.							
	. January Control of Lynama St. St.							
DISEASE OR CONDITION DIRECTLY	ASPIRACION BETWEEN ONSET AND DEATH							
LEADING TO DEATH	DIATE CAUSE LANGE							
(A) MARGE (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	O, OR AS A CONSEQUENCE OF:							
injury or camplication which caused death.)	2 - 442 15-22							
ANTECEDENT CAUSES (B)	MENAL DUGHTE MANY YRS.							
rise to the above cause (A) stating the	O, OR AS A CONSEQUENCE OF:							
UNDERLYING CONDITION last. (C)	01/HDETES 14/Hy 4/PS							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	ON 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED							
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?							
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJU	JRY (o.g., in or obout 21 C. WHERE DID (It in Boltimore City, give exact location) street, office bidg., INJURY OCCUR?							
DEATH (notity medical examine)	SHOOT SHOT SH							
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCUR	The state of the s							
II (APPROX)	Not While At Work							
22. I certify that (1) (this haspital) attended the deceased fra	am//31972/to//4197/_							
that () (we) last saw the deceased allye on	ond that In (HA) (our) opinion death accurred an the date							
and hour and from the causes stated godve. (M) (We) (dld) (did)	and hour and from the causes stated obeve. (M) (We) (dld) (did tot) view the body after death.							
23A. SIGNATURE	23 B. DATE SIGNED							
Leppen Tosex Mis	Attending Med. Stoff 1/4/72							
23C. PHYSICIAMS PARE (Type)	23D. ADDRESS							
STEPHEN PAGET M	DEGREE GOT N'BROADINAY							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	Y of CREMATORY 24D. LOCATION (City, town, or county) (Stote)							
Burial 1-8-72 Arbutus Me	emorial Park Baltimore, Maryland							

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Morton & Direct Funeral Home 1701 Laurens 0 St. VS 150-REV. 1/1/68

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72	00107								
Y- DEX	7	LIMORE CITY HE				5 00	1107		
BIRTH NO.	MEDICAL EXA	CERTIFICATE OF DEATH REG. NO.							
i. NAME OF DECEASED (Type or Print) CHARLES	E. ROSS		OF	wn Month	Day	Year	Hour		
4. PLACE IN BALTIMORE, MARYLA		ICED DEAD	3. DATE	Month	Doy	Yeor	Hour		
HOSPITAL ADDRESS O	OSPITAL OR INSTITUTION,	PRONOUNCED DEAD January 4, 1972 17:15 P.							
BON SECOURS HO	OR INSTITUTE RTIFICATE AMENDE				STATE Mary land B. COUNTY				
6. SEX 7. RACE	B. MARRIED 1	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT				
Male Negro	WIDOWED	DIVORCED [Baltimor		YES	: 🖒 🔠	ио 🗆		
Oct 16, 1924	birthdoy) 47 Months	I Yr. II Under 24 Hrs. Days Hours Min.		ulberry St	reet				
11. BIRTHPLACE (State or foreign cou	WH	KEN OF	13. FATHER'S NAME						
	Mobile, Alabama U.S.A. 4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY				James Dewey Ross				
done during most of working life, even if r	etired)	INESS OK INDUSTR							
16. WAS DECEASED EVER IN U.S.	ARMED FORCES? 117	SOCIAL	Willie St	tevens	AD	DRESS	····		
(Yes, no or unknown) (if yes, give wor or NO	dotes of service)	SECURITY NO. 12-26-0683		la Pasa 201			C 4		
19. = 978 1	12	CAUSE OF DEA	TH MIS MAD	le Ross 201	/ W. MUID	API	PROXIMATE INTERVAL		
DISEASE OR CONDITION	DISEASE OR CONDITION DIRECTLY Intracerebral Hemorrhage								
LEADING TO DEA	LEADING TO DEATH CANAMAPPIAT CAUSE								
heart lailure, osthenia, etc. It me	(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. it means the disease, injury or complication which caused death.)								
ANTECEDENT CAU	ANTECEDENT CAUSES (6)								
					AS A CONSEQUENCE OF:				
UNDERLYING CONDITION	LAST.								
Q 11							•		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELADISEASE OR CONDITION GIVE	TED TO THE TERMINAL N IN PART 1 (A).								
	- CONDITION FOR WH	AS PERFORMED			21. AUTO	PSY? (Yes or No)			
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIBUTING TO CAUSE OF DEATH.	22B. PLA home, fai	CE OF INJURY (e.g., m, factory, street, offic	in or obout 22C. Whe bidg., etc.) INJURY?	IERE DID (If in Boltim OCCUR?	ore City, give exact	location)			
≥ 22D. TIME (Month) (Doy) OF INJURY		NUNY OCCURRED		W DID INJURY OC	CUR?				
(APPROX.) Unk.	m. WHIL		WHILE ?						
23. 1 certify that I held a	n Inquier 🗆 t	energies D		shee on shie hard	d	-1-1			
I certify that I held t	in Inquiry L In	spection Au	tapsy X and	that an this basis	, deam in my a	pinion			

Accident resulted from: Natural causes ACTUAL

Ronald N. Kornblum, M.D.

Suicide .

Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DATE SIGNED

ASSOCIATE MEDICAL EXAMINER

1/5/72

ADDRESS

24B. DATE 24C. NAME of CEMETERY OF CREMATORY 1-8-72 Mt. Auburn Cemetery

Baltimore, Md. 25C. FUNERAL DIRECTOR

(Stote)

25A. DATE REC'D BY HEALTH DEPT. JAN 6

258, NAME OF REGISTRAR

Morton & Dyett F. H. 1701 Laurens St.

24D. LOCATION (City, town, or county)

VS 151-REV. 1/1/6B

SIGNATURE

EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial t v r

HRS

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

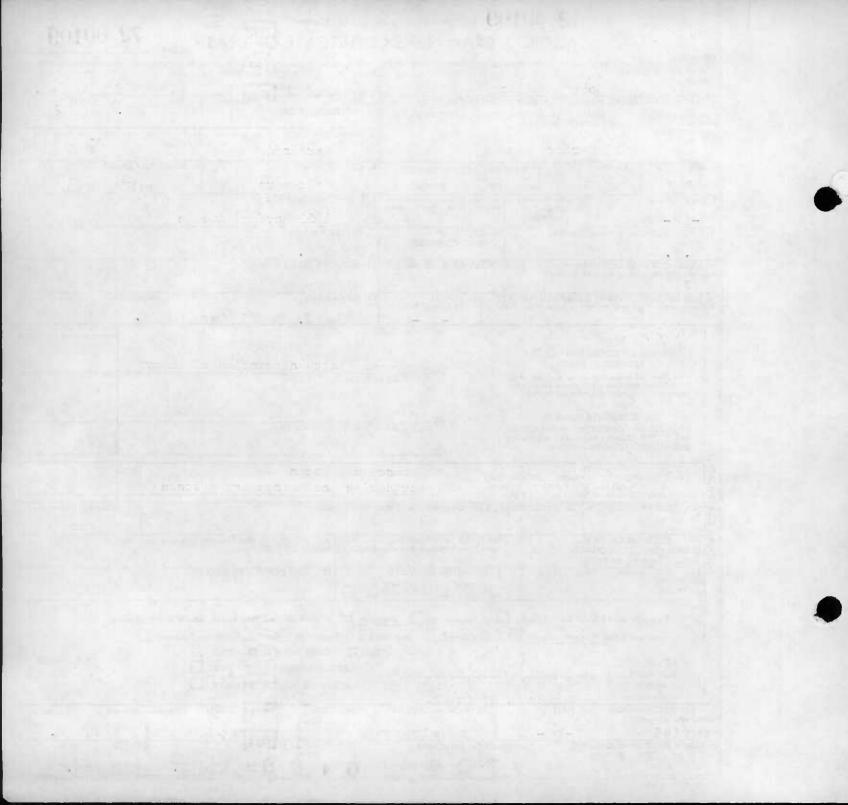
	8-530 72 00108		HEALTH DEPARTMENT	REG. NO.	72 00108			
	RTH NO.	CERTIFICA	TE OF DEATH					
(T	NAME OF DECEASED TOMES SMITH		2. DATE A	ND HOUR OF DEATH	1830 A.			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	D DEAD	4. USUAL RESIDENCE (WH	ee deceased lived. If in:	stitution: residence before admission)			
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	MARY LAND		1001			
("	THE JOHNS HOPKINS HOSPITAL		BALTIMORE	D. INSI	YES NO			
	33		E. STREET AND NUMBER	ITBAL AVE				
5.	SEX 6. RACE 7. MARRIED [X] A	IEVER MARRIED	8. DATE OF BIRTH		I If the don't Very If the don't A IV.			
	MALE NEGRO WIDOWED	DIVORCED T	12-12-16	last birthdoyl 55	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
to.	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	NESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	reign country)	12. CITIZEN OF WHAT COUNTRY			
			So Brunswick	Co, Virginia	U. S. A.			
13,	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME				
	Richard Smith		Della Haskin	s				
15. (Ye		OCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
_			Sidney Haskir	ns 2523 Po	pes Lane			
	DISEASE OF CONDITION PLANE	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		March: 100	and a law of	Must 1/1			
	(This does not meen the mode at dying, e.g., heart failure, asthenia, etc., it means the disease, injury or camplication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:	piratory	4770/ /29			
	ANTECEDENT CAUSES	Mita	talia 10 1	1/110	111			
	DISEASES OR CONDITIONS, if any, giving	(B) P OR AS	A CONSEQUENCE OF:	Lung	1/2 4/1			
	rise to the above cause (A) stating the UNDERLYING CONDITION tast.	(c)	- CONSEQUENCE OF:					
_	ll l							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*******************************						
CERTIFICATI	19A-DATE OF OPERATION 198 CONDITION FOR WHICH	OPERATION	20A-AUTOPSY? (Yes of N	o) 208, IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?			
U	21A. ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF home, for	E OF INJURY (e.g., in	or obout 2/C. WHERE DID	(II In Boltimore	City, give exact location)			
CAL	DEATH (notify medical examiner) home, for	m, fociory, street, off	ico bidg., MJURY OCCUR?	ļ. 111 2 0.11110.0	only give exact tocation;			
MEDICAL	IOF INJURY	RY OCCURRED	21F. HOW DID IN.	JURY OCCUR?				
<	(APPROX.) While AI Work	Not While						
	22. I certify that (W (this hospital) attended the deceased fram 12/22 19 7/ ta 1/2 19							
	that () (we) last saw the deceased alive on 19 and that in (6) (aur) opinion death accurred an the date							
	and haur and from the causes stated abave. (We) (did) (did both view the bady after death.							
	284. SIGNATURE	100			23B, DATE SIGNED			
/	James Thanklen Stem	DEGREE Phys.	ding Med. Director	Staff Physic	1/2/72			
C	23C. PHYSICIAN'S NAME (Type)		D. ADDRESS					
24/	James Franklin Grim DEGREE 1528 Me Elderry St Bolf. 1. A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF GREMATORY 24D. LOCATION (City, town, or county)							
		Auburn Ceme		Baltimore, M				
25/	DATE REC'D BY HEALTH DEPT. 258. NAME OF REC	ISTRAR	25C. FUNERAL DIRECTO	t	ADDRESS			
/\$	JAN 6 1972 Wall E. Na Ben 150-REV. 1/1/68	Act C	Morton & Dyet		Laurens St.			
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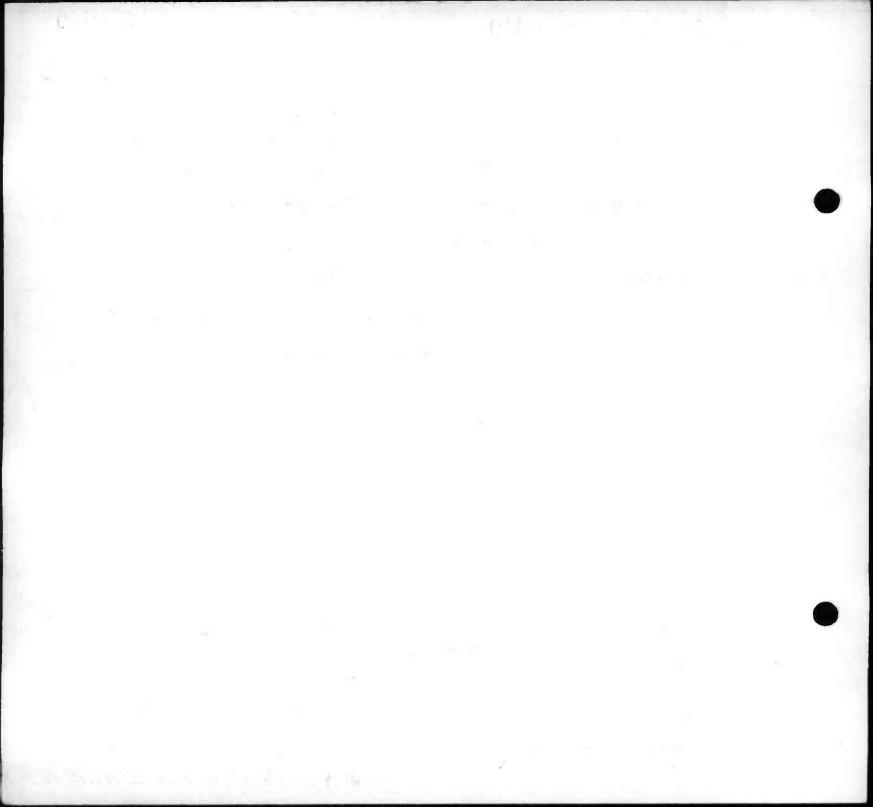
1	M-25	4	MFD	O10		ALTIMORE CITY AMINER'S			OF	DFA.	гн	7	2 0	010	9
BII	RTH NO.								•		REG.	NO			
1.	NAME OF DEC	EASED					2. DATE	Known	N.	Month	Day		Year	Hour	
			John McM				OF DEATH	Estimole	4 🗆	1	4		72	9:15	A. M
	PLACE IN BAL						3. DATE	UNCED DEA	10	Month	Doy		Year	Hour	
HC	LL NAME OF	(IF N	OT IN HOSPITA	LL OR INS TION)	titution,	GIVESTREET	PROM	DUNCED DEA	ND.	1	4		72	19:15	A. M
OR	INSTITUTION						5. USUAL A. STATE	RESIDENCE		deceased	lived, if Inst		ildence b	elare adm	issian)
	00	1433	Harford	Ave	nue		A. SIATE	Marylar	nd		b. C001	VII		10	7
6.	SEX	7. RACE		B. MARE	RIED 1	NEVER MARRIED	C. CITY O	RTOWN			D. INSI	DE CITY L	IMITS?		
	Male	Neg	gro	WIDOV	VED 🗌	DIVORCED		Baltimo	ore			YES [X .	NO 🗆	
	3-13-05		10. AGE (Ir lost birthdo	y)	If Under Months	1 Yr. If Under 24 H Days Hours M	rs. E. STREET	AND NUMB		rd Av	enue				
11.	BIRTHPLACE (S	tate or for	eign country)		12. CITI		13. FATHE	R'S NAME							
	N.C.					AT COUNTRY?	John			llia	n				
14A	.USUAL OCCU	PATION (C	ive kind of work	148. KINE	OF BUS	INESS OR INDUS	TRY 15. MOTH	ER'S MAIDEN	NAN P	1E			4	-	
		· · · · · · · · · · · · · · · · · · ·					Min	der Sm	ith	1					110
16. (Ye	WAS DECEAS	ED EVER I	N U.S. ARMED	FORCE	57 17.	SOCIAL SECURITY NO.	IB. INFOR	MANT				ADDR	ESS	200	
		(1. 7.55) (1.1.				37-28-54	O Ell	a .T. M	[cMi	Tia	n 912	S E.	201	th St	5
Г	19. 5 7/	. 6				CAUSE OF D							API	PROXIMATE EEN ONSET	
	(This does n	LEADING of mean th	NDITION DIRECTO DEATH THE mode of dy Stc. It means the	Ing. e.g.			E CAUSE FE		tera	t io n	of li	ver	-		
CERTIFICATION	DISEASES (RISE TO THE UNDERLYIN	OR CONDI E ABOVE O NG COND	T CAUSES THONS, IF ANY LAUSE (A) STATE OFFICIAL CONTROL OF CONTROL	ONTRIBU	TING	(c) Pulmon	ary empl	nysem a							
잂	TO THE DEA	ATH BUT N	OT RELATED TO	THE TERM	INAL	Hypert	ensive o	cardiova	ascu	lar d	liseas	е			
CERT						HCH OPERATION	WAS PERFOR	MED				21.	. AUTO	PSY? (Yes	or No)
MEDICAL	22A. EXTER UNDERLYING UTING CA		NTRIB-		22B. PLA hame, far	CE OF INJURY(e.	g., In or obout ffice bldg., etc.)	22C. WHERE INJURY OCC	DID (I	l In Boltim	ore City, giv	re exact la	cation)		
Σ	OF INJURY (APPROX.)	(Manth)	(Day) (Year) (Hou	r) 22E.! WHIL WOR	HJURY OCCURRE	OT WHILE	22F. HOW D	נאו מו	URY OCC	UR?				
		URE ER'S	Natural cau	W	Aget	dent Sul-	Deputy Ass	and that lomicide CHIEF MEDI ISTANT MEDI OCIATE MEDI	CAL E	Jndeterm KAMINER KAMINER		-		DATE SIG	SNED
24	A. BURIAL CREA	MATION.	24B. DATE	- Us	24C. N	NAME of CEMETER	Y or CREMAT	ORY	24D. L	OCATIO	V (City,	town, or	county)	(51	ate)
	MOVAL (Speci Burial	14)	1-10-	72	M	t Calvar	Tr Came	tenar		nne	Arun	Tel	Ctv	. , Mc	٦.
1	A. DATE REC'D	BY HEALT				REGISTRAR		FUNERAL DI			AL UII	ADDR		· 9 IVIC	A.00
	JAN6	197	2 R.S.	1	200	240		m C (Ma			28 E.			Ave.	



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		Y HEALTH DEPARTMENT 72 00110
P + D + F	BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.
ased ased the Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
B O E	L down denking	
a de la companya de l	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
anc dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	W GOOK!!
se; (5)	HOSPITAL OR ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
_ ~ 0	Good Samaritan Hospital	Baltimore YES NO
d cau	5601 Loch Raven Blvd. BaHimore 21239	
de a de		2420 E Lanvak St.
3.2.5.700	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs. Manths: Days : Hours : Min.
determin in regul deceased	Male Black WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if refired)	20July 1905 66
det in in	done during most of working life, even if retired)	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
rect or (4) Und was i the de	Laborer - Pipe Mill-	Alabama USA
was the the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5 + 1 si	Unknown	Unknown
dig di	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS
the direct or c kind; (4) Under death was in ince on the dece final disposition	Ille las .	
any ced ndan	18 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	George Jenkins 2420 E Lanvale St
o, if the fany kinneed deendance	DISEASE OR CONDITION DIRECTLY	ma of Lung c Matastases
Also, oun oun med	LEADING TO DEATH	ma of Lung e Metastases 12 months
r. Also, ture of c ronounce ir atten		A CONSEQUENCE OF:
fractur o pron gular embali	injury at complication which caused death.	A.A.
A fr Who reg	ANTECEDENT CAUSES (B)	
		A CONSEQUENCE OF:
medical ex burns; (3) physician an was in remains a	UNDERLYING CONDITION last. (C).	***************************************
burns; (shussician was in was inserted	z	
mediy y burn physian w	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
- > 0	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A ALTOROVO (Van or Noll 20D to year
by a n 2) Body re the p physicic fore the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tal by br (2) B here tl No phy before	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If In Boltimore City, give exact location)
	DEATH (notify medical examined etc.)	ice bidg. INJURY OCCUR?
spi w (S)	21D. TIME (Manth) (Dayl (Year (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hospi natur cept w id (6) I	(APPROX.) While AI Not While AI Work	
the hiny nexce	22. I certify that (I) (this hospital) attended the deceased from No.	
B	that (i) (we) lost saw the deceased alive on 5 760.	
ident of hospital o death)	and hour and from the causes stated abave. (1) (We) (did) (did nat) v	
dent dent lospit deat must	23A. SIGNATURE	238, DATE SIGNED
5 5 5 0 m	John D. Talbert mo DEGREE Phys	nding Med. Stoff Phys.
		3D. ADDRESS
An An at prio	The state of the s	5601 Lock Raven Blud. Balto. Md 21239
~ = =	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
	Burnel 1-9-72	(Sigle)
the body shows: (1) was D.O. deceased written a	25A. DATE RECID BY HEMATH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
たい きゅう	DAILO DIC ABOUT OF A COLO O	EUTOW, Alabama 25C. FUNERAL DIRECTOR WA CHARCH 928 E Hoith Ace
,	VS 150-REV. 1/1/68	

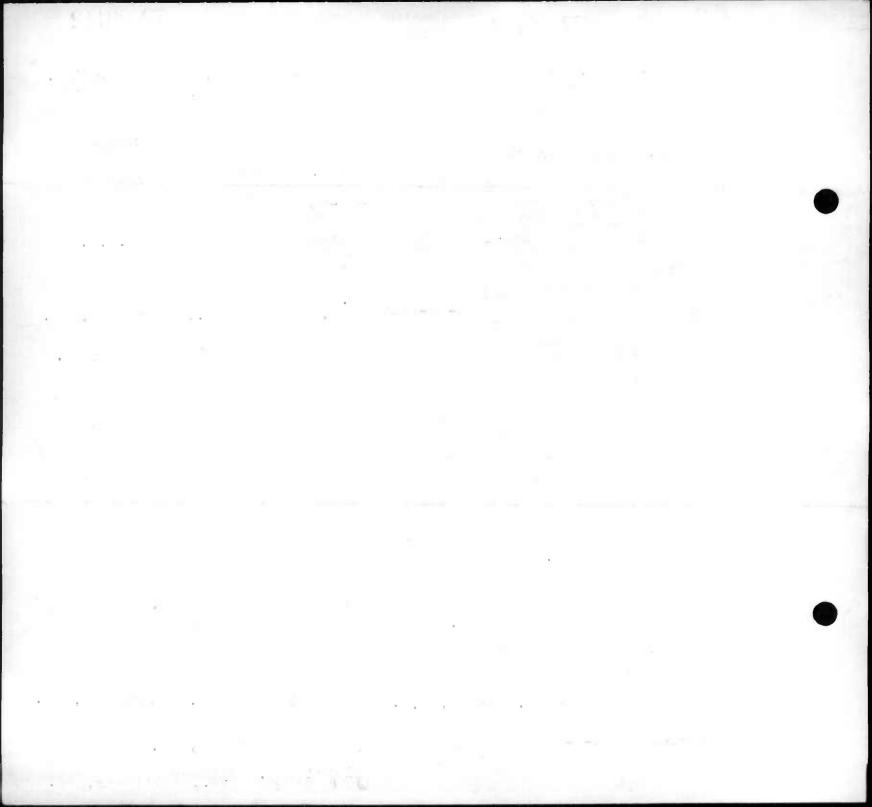


RIE	4-620		MED	ICA	L E>	KAMINER'S	CERTIF	ICAT	E OF	DEAT	H REG. NO	72	00111
1.	NAME OF DE	CEASED			L.		2. DATE	Knov	wn 🗌	Month	Doy	Year	Hour
(Typ	e or Print)		HER	BERT	HAR	RIS	OF DEATH	Estin	mated 🗌				M
4.	PLACE IN BA	LTIMORE, M.	ARYLAND, V	VHERE P	RONO	OUNCED DEAD	3. DATE			Month	Doy	Yeor	Hour .
llHO	L NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPIT.	AL OR INS	STITUTIO	ON, GIVE STREET		OUNCED		1	3	1972	2:20 a M
-	3 4	on Sec	ours Ho	ospit	a1		A. STATE	Md		e deceased II	B. COUNTY	on: residence	001
6. 5	SEX	7. RACE		B. MAR	RIED	NEVER MARRIED	C. CITY	OR TOWN			D. INSIDE C	ITY LIMITS?	
п	nale	negro		WIDO	WED [DIVORCED [Ва	lto.		1	res 🖾	NO 🗆
	DATE OF BIRT		10. AGE (I	(Y)		nder 1 Yr. If Under 24 Hrs. hs Days Hours Min.		T AND NU		tto Ct			
	B-25-21		ian country)	49	12 C	ITIZEN OF		ER'S NAM		tte St	•		
						VHAT COUNTRY?							
144	North	Caro]	ing	14B. KIN	D OF F	BUSINESS OR INDUSTR		ger 1					
	during mast of			140. (())	01 2	303114E33 OK 114D031K	is. Moi	TIER 5 MAI	DEN NA	VIL			
14	Labore WAS DECEAS		III C ADME	FORCE	-63	17. SOCIAL	IB. INFO	DALANIT				ADDRESS	
(Y e	i, na or unknowi	(If yes, give	war ar dates	of service	e)	SECURITY NO.							
-	Yes	WV	VII			213-14-63		lvini	ia Ha	rris	616 M	cCabe.	AVO PPROXIMATE INTERVAL
	19. 4/1	141				CAUSE OF DEA						BETV	VEEN ONSET AND DEATH
	DISEAS	SE OR CON		CTLY		Arteriosc	Leroti	c car	diova	scular	diseas	е	
	/This days	LEADING T				(A)IMMEDIATE							
	heart failur	not mean the e, osthenia, et	c. It meons the	e diseose,	,	DUE TO, OR	AS A CONS	EQUENCE	OF:				
	injury or co	mplication wh	ich causea ae	om. j					37				
	A	NTECEDENT	CAUSES			(B)							
		OR CONDIT				DUE TO, OR	AS A CON	SEQUENCE	OF:				
z	UNDERLYI	NG CONDI	TION LAST.			(c)							
9			11	_									
CERTIFICATION	TO THE DE	NIFICANT CO ATH BUT NO R CONDITION	T RELATED TO	THE TER	MINAL		************						
EAT	20 A. DATE O	F OPERATIO	N 20B. CO	NDITION	FOR	WHICH OPERATION W	AS PERFO	RMED		2 10		21. AUTO	PSY? (Yes or No)
	2												ves
EDICAL	UNDERLYIN		NTRIB-		22B. P hame	PLACE OF INJURY(e.g., , farm, factory, street, affic	in or obou e bldg., etc.	22C. WH	IERE DID OCCUR?	(If in Boltimo	re City, give ex	xoct location)	
Z	UTING C		ATH. (Doy) (Yea	r) (Ho	ur) 123	ZE. INJURY OCCURRED		22F. HO	W DID IN	JURY OCC	UR?		
	OF INJURY (APPROX.)		,	, (W	HILE AT NOT	WHILE						
	23.	tify that I	held on	nquiry		Inspection Au	topsy 😾	ond	that on t	his basis,	death in my	y opinion	
	resu	Ited from: 1	Notural cau	ses 😾	A	ccident Suicio	le 📗	HomicIde		Undetermi	ned monner		
				./	-	1		CHIEF A	MEDICAL E	XAMINER	X		
	ACTUA SIGNAT		00	Fr	Me	er M.C	. AS	SISTANT !	MEDICAL E	XAMINER			DATE SIGNED
	EXAMIN NAME (Russe	11 S	. Fi	sher, M.D.	AS	SOCIATE I	MEDICAL E	XAMINER		1	-3-72
	A. BURIAL CRE	MATION,	24B. DATE		24	C. NAME of CEMETERY	or CREMA	TORY	24D.	LOCATION	(City, tov	vn, or caunty) (State)
	MOVAL (Spec Burial	ify)	1-7-7	2	7	Mt Auburn (amat	O TITT	Do.	1 +0	Md.		
11	A. DATE REC'E	BY HEALTH				OF REGISTRAR		E. FUNERA		l to.,		ADDRESS	
	JAN		72 24	38	3	Ass. de A							
1	JAIN	0 13	P Acat	The state of	-		2 1	AATIT C	Med L'C	11 9%	28 E No	orth A	ive.

yer letter attracted to in the service of the 35.10.. = 人员 经经验证 化对对 Company of the contract of the

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must the body was release shows: (1) An accide was D.O.A. at a hos deceased prior to deceased prior to deceased mistral managements.	

1	B-45	0 72	00112		HEALTH DEPARTMENT		72 1	00112
	NAME OF DEC	TASED.		CERTIFICA				
	pe or Print)	JOHN L. BL	OOM			AND HOUR OF DEATH	-	
3.	PLACE IN BAL	TIMORE, MARYLAND, V		DUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived If	institution to	3:30/A • M.
					A. SIAIE 8. CO	DUNIT		//
H	ILL NAME OF OSPITAL OR STITUTION	ADDRESS OR LOC	AL OR INSTI	TUTION, GIVE STREET	Naryland C. CITY OR TOWN	Baltimore		100
1	DION				Baltimore	D. IN	ISIDE CITY LI	-
-	607 S.	Ellwood A	venue		E. STREET AND NUMBE	R	YES 🔀	NO [
					607 S. E11	wood Avenu		
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours		Doys Hours Min.
	Male	White	WIDOWED	DIVORCED	4-28-06	lost birthday)	Months	Doys Hours Min.
10/	USUAL OCC	UPATION (Give kind of work working life, even if refired)	108 KIND C	F BUSINESS OR INDUSTRE	11. BIRTHPLACE (State or	foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
901	Forema		Stee	1	Maryland		TT	C A
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	U	.S.A.
	Milton				Sadie			
5.	Wos Doceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL				ADDRESS
le	No of unknown)	(If yes, give wor or dote	s of service)	SECURITY NO. 216-01-0269	Mrs. Amelia	a Bloom	D-7+4	
_	18. / / 4	1 1		CAUSE OF DEATH	OO . D. TITTA	vood Ave.,	Barti	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DE	RECTLY		-	ic Carcinon	na.	ETWEEN ONSET AND DEATH
		LEADING TO DEATH		AND MEDIATE CALL		10 00101101		l yr.
	heart failure,	al meon the made of asthenia, etc. If means	the disease	(A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF:			
	injury or com	plication which caused	death.)					
		ANTECEDENT CAUSES		(B)				
	DISEASES O	R CONDITIONS, if above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	UNDERLYING	CONDITION last	siding ine	(c)				
		II .						
0	OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING					
CAT	DISEASE OR CO	ONDITION GIVEN IN PAR	T 1 (A).					
CERTIFICATION	DA-DATE OF	OPERATION 198 CON WAS PERI	DITION FOR	WHICH OPERATION	20A-AUTOPSY? (Tes or	No) 208, IF TES, WERE IN CERTIFYING CA	FINDINGS AUSES OF D	CONSIDERED DEATH?
CAL	21 A. A CCIDEN OR CONTRIBU DEATH (natify	T WAS UNDERLTING TING CAUSE OF medical examined	216 har elc	PLACE OF INJURY (e.g., in ne, form, factory, street, aff	or obout 21 C. WHERE DIE	(If In Boltimo	ore City, give	exect locotion)
<u></u>	21D. TIME OF INJURY	(Manth) IDoy) (Teor)	(Haus) 21E	INJURT OCCURRED	21F. HOW DID	INJURT OCCUR?		
3	(APPROX.)		Wi	alle At D Not While				
	22. I certify	that (1) (This hospital	attended t	he deceased from Fe	bruary	10 50 to Ja	an.	10 72
- 1		last saw the decease			177	that In (my) (our) ap	Inlan death	accurred on the date
	and haur and	from the causes stat	ed abave. (l) (We) (did) (did nat) vi	ew the bady after deat	h.		
	23A. SIGNATU	RE	, /	la .			238, DATE	SIGNED
	C	Carence	We	DEGREE Phys.		Staff Phys.	1/	4/72
	NAME (Ty	Clarence	W. L	eDoux, M.D.	3023 Eas	tern Ave.	Balti	Lmore, Md. 21224
4A	REMOVAL (S. Burial	MATION, 248, DATE		AME OF CEMETERT OF CREE		LOCATION (C	ity, town, or	
	Burial	1-6-72	Oa	k Lawn Cemet	ery B	altimore, 1	Md.	
5A	JAN7	THEALTH DEPT.	25B NAME O	OF REGISTRAR	25C. FUNERAL DIRECT			ADDRESS Mid
/5 1	50-REV. 1/1/6	0			MOORT MASO	ern Ave., I	SATETI	IOT. P. MINT.

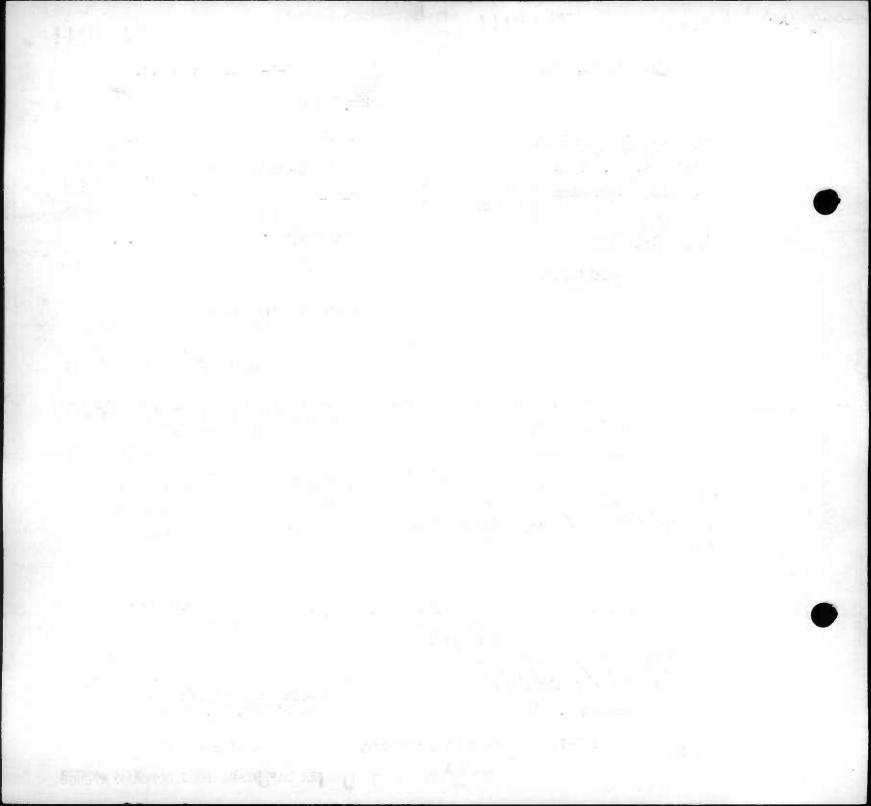


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	7	2 00	113	BALTIMORE	CITY HEA	LTH DEPAR	TMENT	7-				
1-55	2	MED	ICAL	EXAMIN	FR'S C	FRTIFI	TATE OF	DEAT	H	79 88	113	
BIRTH NO.		MLD	ICAL					DEMI	REG, N	0		
NAME OF DE	CEASED					2. DATE	Known 🕏	Month	Day	Year	Hour	~~~~
Type or Print)	Fra	nk W. S	Szyman	ski		OF DEATH	Estimated	1	3	72	4:19	P. M.
4. PLACE IN BA				NOUNCED DEA	LD .	3. DATE		Month	Day	Year	Haur	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	ESS OR LOCA	AL OR INSTITUTION)	UTION, GIVE STRE	ET		SIDENCE (Whe	1	3	72	4:10	P. M.
31	Baltim	ore Cit	y Hos	pitals		A. STATE	Maryland		B. COUNT		5 3	00
6. SEX	7. RACE		8. MARRIE	D X NEVER MA	RRIED	C. CITY OR			D. INSIDE	CITY LIMITS?		
Male	Whi	te	WIDOWE	DIVO	ORCED 🔲		Baltimore			YES 🔼	NO 🗌	
P. DATE OF BIR		lost birthdo		Months Doys Ho			ND NUMBER	on Arror	2110			
12-27-1		52		CIVITEN OF				Jon Aver	lue			
1. BIRTHPLACE		ign country)	1	2. CITIZEN OF WHAT COUNT	RY?	13. FATHER		1-2				
Baltimor							rd Szyma					
4A.USUAL OCC	UPATION (Gi	ve kind of work ven if relired)	14B. KIND	OF BUSINESS OR	INDUSTRY							
Braken			Pota	psco R R			elene Gu	sdonski				
6. WAS DECEA	SED EVER IN	U.S. ARMEI	FORCES?	17. SOCIAL SECURIT	Y NO.	18. INFORM				ADDRESS		
yes	.,,(.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ww 11		213 05		Mrs S	tella Sz	ymanski	6859	Boston	Avenue	2
19. ///	2 4.			CAUS	E OF DEAT	Н					PROXIMATE IN	
DISEASES RISE TO TI UNDERLY	nat meen the re, as the nia, elemental in what is a second in the second	I CAUSES CONS, IF ANY AUSE (A) STA TION LAST.	disease, oth.) Y, GIVING TING THE	(c)_		S A CONSEC			dise	ase		
TO THE D	ENIFICANT CO EATH BUT NO OR CONDITION	T RELATED TO N GIVEN IN P.	THE TERMIN	NAL								
20A. DATE O	OF OPERATIO	N 208. CO	NDITION F	OR WHICH OPER	ATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes o	or No)
UNDERLYIN	RNAL CAUSE	TRIB-	2 h	2B. PLACE OF IN	JURY(e.g., street, affice	In or obout 2 bldg., etc.)	2C. WHERE DID YURY OCCUR?	(If in Baltimo	e City, give	exact location)		
≥ 22D. TIME OF INJURY (APPROX.)	(Month)	(Yea		22E.INJURY OF		WHILE -	2F. HOWDID II	NJURY OCC	JR?			
23.	rtify that I	held on I		Inspection	-			this basis,	death in n	ny opinion		
resu	lted from:	Natural cau	SOS 23/	Aceldent	Suicid		micide HIEF MEDICAL	Undetermine EXAMINER	_	r 🗌		
ACTUA		11/1	XIV	W		ACCI	STANT MEDICAL				DATE SIG	NED
SIGNA EXAMI NAME	NER'S	Werner	II. Si	pitz, MVD	M.D.		CIATE MEDICAL	EXAMINER			1-4-72	2
24A. BURIAL CR REMOVAL (Spe Burial	EMATION.	248. DATE 1-7-72		24C. NAME of C	CEMETERY	Cemete:		.LOCATION Baltimo		own, or county,) (Sto	ite)
25A. DATE REC'	D BY HEALTH			ME OF REGISTRA		25C. I	UNERAL DIREC	TOR		ADDRESS		****
JA	N7 19	372 3	S. R.E.	Jackey M	8.00)	VALTER DA	TRKOM2K	1002	DUNDAL	AVEN	UE
												1

1. (T ₁	RIH NO.		0011				MANUAL COLUMN TO A STATE OF THE PARTY OF THE				
(1)	0.1.4			CERTIFICA	TE OF DEA	TH REG. NO	72 00114				
	ype or Print)				2. DATE AND HOUR OF DEATH						
3,	Dav	enport, Inc				-1-72 at 10:45					
F	ULL NAME OF	ORE MARYLAND, V		UNCED DEAD UTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY Maryland						
H 11	OSPITAL OR	ADDRESS OR LOC	ATION)	OHON, GIVE SIREE	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
3	altimore C	ity Hospita rn Avenue	al		Baltimore YES NO NO NUMBER						
11 .	Baltimore,	_			6208 Plantview Way						
5.	SEX 6. 1	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr., If Under 24 Hrs.				
	Female	Caucasian	WIDOWED	DIVORCED	8-1400	last birthdoyl	Months Doys Hours Min.				
da	A. USUAL OCCUPA ne during mast of wark	TION (Give kind of wor ing life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY		ar fareign country!	12. CITIZEN OF WHAT COUNTRY?				
	housewife				Kentucky		U.S.				
13.	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME					
		Worthingto			?						
1 S. (Ye	Was Deceased Eve	r in U. S. Armed For yes, give war ar date	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
					Baltimore	City-Records					
	18. / 8 9.	01		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
N	(This does not report failure, asthinity or camplication) ANTI DISEASES OR or rise to the a UNDERLYING Company	OR CONDITION DIDENTH TO DEATH THE TO DEATH T	dying, e.g., the disease, death.) any, giving stating the	(B) Reng	A CONSEQUENCE OF:	Carenan metastati	coli lugh na, + mo				
ICATION	DISEASE OR COND	IT NOT RELATED TO THE STREET OF THE STREET OF THE STREET ON THE STREET OF THE STREET O	HE TERMINAL T 1 (A). DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	or Noll 208. IF YES WERE	FINDINGS CONSIDERED				
	112/23/	AS UNDERLYING	OSY 21B, home	PLACE OF INJURY (e.g., in e, form, factory, street, aff	or about 21 C. WHERE	IN CERTIFYING CA	auses OF DEATH?				
DIC		inthi (Day) (Yearl	(Haur) 21E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?					
MEI	(APPROX.)		While	e At Not While	П						
		(1) (this hospital) ottended the		12/6/11	19ta	1/7/2 19				
		saw the decease		11/1			inlan death occurred on the date				
-	23A SIGNATURE	m the couses stat	ed obave (1)	(We) (did) (did nat) vi	ew the bady ofter de	eath.					
	Tupe	M	Dill		ding Med.	Stoff Phys.	23B. DATE SIGNED				
	23C. PHYSICIAN'S NAME (Type)		709	DEGREE		imore City Hos	initale				
		Robert N. I	Hill		プロナト	imore, Md. 212	154				
24A	BURIAL CREMATI REMOVAL (Specif	ON, 248, DATE		ME OF CEMETERY OF CREA			ity, tawn, ar county! (Stotel				
	Burial	1-5-72	Ced	ar Hill Cemet			ld				
2SA		9/2 Valence	SE WAR	. O O (2SC. FUNERAL DIRE	CTOR	ADDRESS DUNDALK AVENUE				



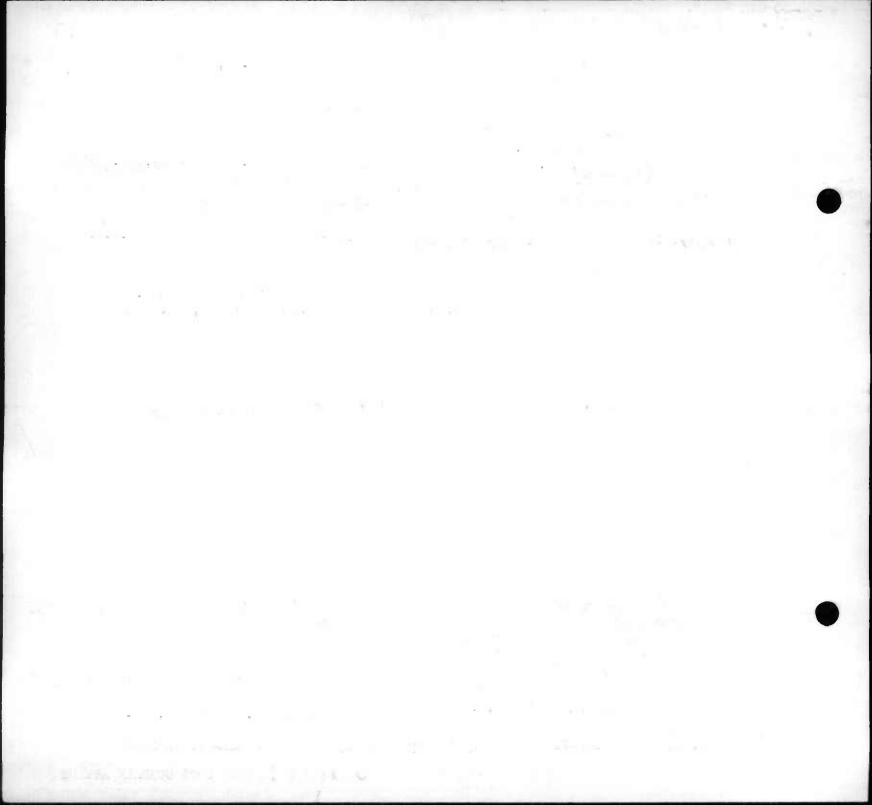
VS 150-REV. 1/1/68

0044

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	70	004	15

BIRTH NO.	121)	1115	CERTIFICA	TE OF DEAT	H REG. NO	72 00115
1. NAME OF DEC					*	
	John Lowsh				Jan 3, 1972	11:30 P.,
3. PLACE IN BAI	LTIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If in	nstitution; residence before admission)
FULL NAME OF HOSPITAL OR	HE NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET		Baltimore	5300
	Baltimore Cit	ty Hospi	itals	C. CITT OR TOWN	D. INS	YES NO NO
31	4940 Eastern	Ave.		E. STREET AND NUM		
	Baltimore, Mo	1. 21224	1	1712 Bayar	d Ave. Baltimo	ore, Md. 21222
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yt. If Under 24 Hrs. Months! Days Haurs Min.
Male	Caucasian	WIDOWED	DIVORCED [4-13-99	lost birthdoy) 72	Months Days Hours Min.
done during most of	UPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE IState	or foreign country)	12. CHIZEN OF WHAT COUNTRY?
Hosp, At		St Mar	y Hospital	Maryland		U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDE	NAME	
Jos	seph Lowshoe			Jo	seph ine	
5. Wes Deceased	Ever in U. S. Armed Far-	cos?	1 6. SOCIAL	17. INFORM ANT	4940 Eastern	Ave ADDRESS
	July yes, give war or one	s di selvicel	SECURITY NO. 219-10-7959	BCH Records	: Baltimore, Mo	
18. 7 -	0.01		CAUSE OF DEATH	1	· Dalcinore, in	APPROXIMATE INTERVAL
DISEAS	SE OR CONDITION DI	ECTLY	Cen		1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAU	er o vez	la accide	21 3 DAYC
heart failure.	not mean the mode of asthenia, etc. It means application which caused	the disease	DUE TO, OR AS	A CONSEQUENCE OF:	*******************************	
	ANTECEDENT CAUSES		011	BETES	MELLIT	1/0
DISEASES C	R CONDITIONS, If	ny, giving	(B)OUE TO, OR AS	A CONSEQUENCE OF:	1111111	
rise la lhe	dove couse (A) G CONDITION lost,	stoling the	(c)			
	11		(0)	***************************************		
E 110 THE DEAT	ICANT CONDITIONS CON H BUT NOT RELATED TO TH ONDITION GIVEN IN PART	IF TERMINAL	***********************			
19A. DATE OF	OPERATION 198 CONI	DITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes	or Nall 208, IF YES. WERE F	INDINGS CONSIDERED
	WAS PERF			NO	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
. OR CONTRIBLE	IT WAS UNDERLYING TING CAUSE OF medical examined	218, hometc.)	PLACE OF INJURY (e.g., in s, farm, foctory, street, aff	ar about 21C, WHERE Dice bldg., INJURY OCCU	ID (II in Baltimare	City, give exact location)
OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED	21 F. HOW DIE	INJURY OCCUR?	
(APPROX.)		Whi	Not While			
22. I certify	that (1) (this hospital)	-		10/1	3 19 7/ ta	//3.5
that (1) (we)	last saw the deceased	alive on	//	3 19 72 ar	id that In (my) (our) opin	ion death occurred on the date
ond hour and	from the couses state	ed above (I)	(We) (did) (did nat) vi	ew the body ofter de	atha	
23A. SIGNATU	whert	J.K	M.D. Atten	ding Med.	Staff Phys.	23R, DATE SIGNED
23C. PHYSICIAN	N's	0.70	DEGREE Phys.			1/3//-
NAMEIL	Robert L. R	uxin M		palti	more City Hosp	
AA. BURIAL CREA	AATION 1248 DATE		ME of CEMETERY OF CRE		Ave. Baltimore	
REMOVAL (S Burial	1-8-71		ioly Rosary Ce		Baltimore, Man	r. town, or county) (Stote)
		258 NAME O		25C. FUNERAL DIREC		ADDRESS
JANT	1912 Pagas	7.0	MA	U WALTER D	ARROWSKI 1005 I	DUNDALK AVENUE



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T -0-		BALTIMORE CITY	HEALTH DEPARTMENT					
1-525 701	00116			REG. NO.	22 00110			
BIRTH NO.	1 1 1	CERTIFICA	TE OF DEATH	KEO. 140				
1. NAME OF DECEASED (Type or Print)			2. DATE AND HOUS	OF DEATH				
Gertruc	e M.	Tennyson	Jan. 3	, 1972	10 A.M. M.			
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceos	ed lived. If instit	ution: residence before admission)			
FULL NAME OF (IF NOT IN HOS	TAL OR INSTIT	UTION, GIVE STREET	Md. Bai	ltimore	5300			
HOSPITAL OR ADDRESS OR LO	CATION)		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?			
Mercy Hosp	ital		Carney E. STREET AND NUMBER	YI	ES NO V			
2 / Here's Hosp	rear		E. STREET AND NUMBER					
5. SEX 6. RACE			2814 Supe	erior Av	e.			
5. SEX		NEVER MARRIED	8. DATE OF BIRTH 9. AGE (Under 1 Yr. If Under 24 Hrs.			
F J W	WIDOWED	DIVORCED _	Def 2 1901	70	3070			
IOA, USUAL OCCUPATION (Give kind of widone during most of working life, even if refired	ork 108. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	ry) 1	2. CITIZEN OF WHAT COUNTRY?			
housekeeper	ath	nome	Mary1and		U.S.A.			
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
	MoEst	م سام گ						
5. Wes Deceased Ever in U. S. Armed I res, no or unknown) (If yes, give wor as d	McFatr	1 dge	17. INFORMANT					
	otes of service)	SECURITY NO.			ADDRESS			
no		216-05-050		nr ahan	Same			
18. 199.01		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION I	DIRECTLY		010000					
This does not meen the made	of dving. e.g.	(A) IMMEDIATE CAU		bulran	few hours			
heart failure, asthenia, etc. It mean injury ar camplication which cause	s the disease	DUE 10, OR AS	CONSEQUENCE OF:					
ANTECEDENT CAUS		· / /						
	_	(B) (avc	introduction.					
DISEASES OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:					
UNDERLYING CONDITION last.	July Ille	(c)						
- 11								
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	ONTRIBUTING							
DISEASE OR CONDITION GIVEN IN P	RT 1 (A).	****************			***********************			
19A-DATE OF OPERATION 19B. CO WAS PE	NDITION FOR V	WHICH OPERATION		YES, WERE FIND	INGS CONSIDERED			
1 17-49-72 COV	cenama.	. Heologianin Gral	100		, or beam.			
OR CONTRIBUTING CAUSE OF	hom	e, form, foctory, street, off	or obout 21C. WHERE DID	(If In Boltimore Cit	ly, give exact location)			
The state of the s	elc.)							
OF INJURY (Month) (Doy) (Year		INJURY O CCURRED	21F. HOW DID INJURY OCC	UR?				
(APPROX.)	Whi	le At Work						
22. I certify that (I) (this hospite	l) attended th		2 - 28 - 1921		5			
that (I) (we) last saw the deceas	ed alive an	To decease it off		10				
			19and that In(my)) (our) apinian	death accurred on the date			
and haur and from the causes st	red abave. (I	/ (me) (did) (did nat) vi	ew the bady after death.					
Nan 20 11-62		Atten	ding Med. Shoff	238	DATE SIGNED			
23C. PHYSICIAN'S	Maria	DEGREE Phys.	Director L Phys. L		1-5-1972.			
NAME (Type) Harold H	Rurns	M.D. 2	8106 Harford Don	٠,				
23C.PHYSICIANS NAME (Type) Harold H	- Dui 115	DEGREE	8106 Harford Roa	a				
A- BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, to	wn, or county) (Stote)			
Burial Jan 5	1972	Medowridge (Cemetery	E 1 la m d al ac	a Manus I			
A. DATE REC'D BY HEALTH DEPT.	258, NAME O	E_REGISTRAR	25C. FUNERAL DIRECTOR	EIKT100	e Maryland			
JAN7 1972 Valle	26 36	Ach U	Chas. F. Evans	& Son-	8802 Harford D			
S 150-REV. 1/1/68		= 4.00	1	0 0011 (oosz narroru ke			

A CAMPAGE AND A COLUMN AND A STATE OF THE PROPERTY AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AS

contributing cause of death

(4) Undetermined

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of

fracture

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Body

3

nature;

any

of

accident

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examiner.

medical burns

by

to the hospital

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he body shows:

certificate

by

approved

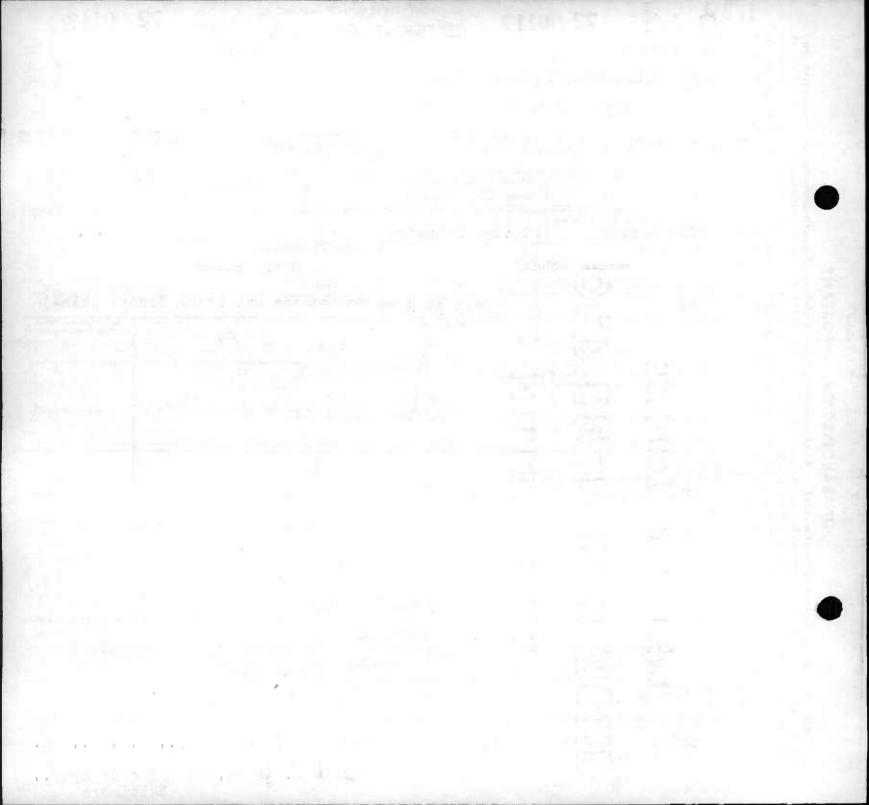
hospital

occurred

the

nak

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO 4.40 Slephen any 3. PLACE IN BALTIMORE, MARYLAND, WHIRE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution; rosidence before admission) ance deat B. COUNTY A. STATE Hary and FULL NAME OF HOSPITAL OR INSTITUTION UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 10 YES P lli cum NO Ballimore General Hospital prior E. STREET AND NUMBER 16.6 is made. regular 5. SEX 6. RACE 9. AGE (In years L DATE OF BIRTH If Under 1 Vi. If Under 24 Hrs. 7. MARRIED NEVER MARRIED eceased Doys Hours 182 WIDOWED DIVORCED TOR KIND OF BUSINESS OR INDUSTRY IT. BIRTHPLACE ISlate of foreign country! IGA USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? disposition 2 done during most of working life, even if refired) wire worker U.S. Florist Industry O Was 13. FATHER'S NAME the 4 MOTHER'S MAIDEN NAME ===== Bohdal Dora 2225 death HO 15. Was Deceased Ever in U. S. Armed Ferces? (Yes, na or unknown!) (If yes, give was or dates of service) 7. INFORMANT & SOCIAL ADDRESS final SECURITY NO. attendance Mr. Frank Bohdal (same) व्हक्रतीतराट-४ 32 2700 No pronounced CAUSE OF DEATH 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH con (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, authoria, etc. It means the disease, injury or complication which caused death.) ar regu ANTECEDENT CAUSES who 970 DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the E physician UNDERLYING CONDITION last before the remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING cui physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? (Il in Baltimore City, give exact lacation) where MEDICAL °N DEATH (notify medical examined un obtained (except v ; and (6) 21D. TIME (Month) (Day) (Year) (Hous 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROXI un ur Work At Wark 22. I certify that (1) (this hospital) attended the deceased from 19 1 . 99 that (1) (we) last saw the deceased alive an and that in (my) (our) apinion death accurred on the date death) 0 and hour and from the causes stated obave. (1) (We) (did) (did not) view the body after death, hospit must 23A. SIGNATURE 238 DATE SIGNED Sin bara Attending Med. Director Staff Phys. prior to approval Phys. 8 DEGREE 23C. PHYSICIAN'S 23D. ADDRESS to NAME (Type linuse D.O. A. DEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY deceased 24D. LOCATION (State) (City, town, or county! Holy Cross Cemetery Burial Ritchie Hgwy., A.A.Co., Was 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Conce, 4001 Ritchie Hgwy., George VS 150-REV. 1/1/68 Baltimore



approved by the chief medical examiner or his assistant if deoth occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
aminer or his ass	miner. Also, if fracture of any	ho pronounced equiar attendan	embalmed or f
hief medical exc	Body burns; (3) A	the physician w	e the remains are
pproved by the	the hospital by any nature; (2) [(except where ; and (6) No phy	obtained before
This certificate must be a	was released to An accident of	L at a hospital prior to death)	pproval must be
This certif	the body shows: (1)	was D.O.	written a

0 /	00 00	440	BALTIMORE CITY	HEALTH DEPART	MENT	No.	911100 00
>-14	72 00	110	CERTIFICA	TE OF DE	ATH	REG. NO.	72 00118
BIRTH NO.	ECEASED		OLKTII 107 .			ID HOUR OF DEATH	
(Type or Print)		0	77.2	2.			
		, Ocie		The second second		ry 1. 1972	9:11 P M.
FULL NAME O	ALTIMORE, MARYLAND, W			A. STATE	B. COUN	re deceased lived. If i	nstitution: residence before odmission)
HOSPITAL OR	Veterand Admin	TION)	ion Homit 7	C. CITY OR TOWN		ID. INS	SIDE CITY LIMITS?
-			ion nospitar	Baltimo	re		YES NO
2	3900 Loch Rav			E. STREET AND N			
	Baltimore, Ma			1		Fayette St	
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthdoy)	Months Doys Hours Min.
Male	White	WIDOWED	DIVORCED X	7-25-04		67	
	CCUPATION (Give kind of work of working life, even if refired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (St	ate or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
Cashier	Repairman			South Car	olina		U.S.A.
3. FATHER'S N	IAME "			14. MOTHER'S MA	IDEN NA	ME	
Daniel	P. Spell			Lessie D.	Holt.	CIVE D	
5. Wos Deceos	ed Ever in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		Records	ADDRESS
-	wn) (If yes, give wor or date:		SECURITY NO.				
Yes	3-30-42 to 1	2-3-43			Loch	Raven Blvd.	, Balto., Md. 21218
18. 4	231	F C T L V	Cause of DEATH	of liver.	Marke	ed advanced	with BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIR	ECILY	ascites. (Gastro Inte	estina	l hemorrhag	ge Moderate
(This does	nol meon the mode of	dvina. e.a	(A) IMMEDIATE CAU	SE			
heort loilu	e, osthenio, elc. It meons	the diseose,	Atherosc	lerosis of	r: coror	ary arterie	as and
injury or c	omplication which coused	deoth.)				al aorta, ad	
	ANTECEDENT CAUSES		4-4	cre and an	CHILLIS	il aurua, au	valledu
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE	OF:		
	the obove couse (A)	stoling the					
UNDERLI	NG CONDITION lost.		(C)				
TO THE DE	II NIFICANT CONDITIONS CON ATH BUT NOT RELATED TO THE	E TERMINAL	Pulmonary	y congestion	on mod	lerate	
O DISEASE OF	OF OPERATION 198 CON			20A. AUTOPSY?			EINDINGS CONSIDERED
19A. DATE	WAS PERF	ORMED	WHICH OFERATION	37	(105 01 140	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A. ACCII	DENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., in	Tes	RE DID	(If in Boltimo	re City, give exact location)
OR CONTR	IBUTING CAUSE OF	hom etc.	ne, form, foctory, street, of	fice bldg., INJURY O	CCUR?	,,,	or any, give exact location,
21 D. TIME	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW	DID INJ	URY OCCUR?	
2 OL HAJOKI			ile At Not White				
(APPROX.)		Wo					
22. I certi	fy that (1) (this hospital)	ottended t	he deceosed from	December 5	1	19 71 to Ja	nuary 1, 19 72 .
			_				inion deoth occurred an the date
						or munger (our ap	o deoiii occurred an ine date
	and from the causes stat	ed above. (M (με) (qiq) (μισχίος) Λ	ew the body afte	r death.		
23A. SIGNA	5/1/0/	,				C. II	23B. DATE SIGNED
	IH ONVO		MD DEGREE Phys	nding Med.	tor.	Staff Phys.	1/2/71
23 C. PHYSIC	IAN'S		DEGREE	23D. ADDRESS			1 7 ~ 1
NAME		/300		2000 Took E	orron	Blad Bolt	o Na orore
4A. BURIAL C	REMATION, 248. DATE	M.D.	AME of CEMETERY OF CRE	MATORY			io., Md. 21218
REMOVAL	(Specify)	20 11.	TO '		240. [T)	City, town, or county) (Stote)
SUKIK		12/116	HLANDBIEL	ienc (and	0011	RAZEOR	D. NORTH (RECLIN
		25B. NAME	DE REGISTRAR	2SC. FUNERAL	DIRECTOR	/	ADDRESS
, IAN	7 1972 1/284	ह है, प्रध	Des The party	VILLIAM	JOHNS	ON FUNERAL	DIR. 8521 LOCHRAVEN
S 150-REV. 1/	1/68				4		DAY D •
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Gardens of faith (emeteri

25C. FUNERAL DIRECTOR

John

258. NAME OF REGISTRAR

Burial

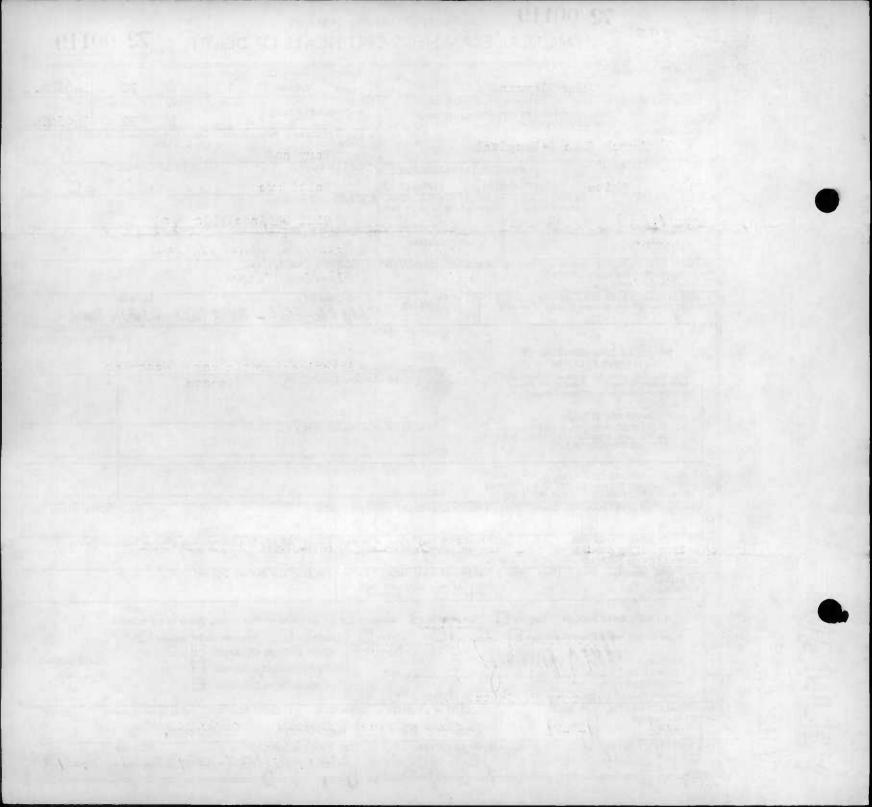
VS 151-REV. 1/1/68

25A. DATE REG'D BY HEALTH DEPT.

Baltimore, Mryland

ADDRESS

ller Inc-6415 Belair Rd. -21200



by the chief medical examiner or his assistant if a

	-550 72 00120 BALTIMORE	ITY HEALTH DEPARTMENT		
2002	BIRTH NO.	CATE OF DEATH REG. No. 79 00120		
an tse th th	1 NAME OF DECEMBER			
al de con on S. 1. S.	(Type or Print) VINCENT SCHUMAN	2. DATE AND HOUR OF DEATH 1-1-72 1 7 0 5 P		
+ + 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			
hospi use o (5) D ance deat		4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)		
hose use ; (5) danc dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MAKYCAN) Baltimore		
se;	IN SHIP OF THE SHI	C. CITY OR TOWN arrows Point D. INSIDE CITY LIMITS?		
in a ng cau cause; attend ior to	CHURCH HOME A'ND HOSPITH	E. STREET AND NUMBER		
D.=_ L.	Church Home & Hospital	729 E ST. SPARROWS PT.		
ibut ibut ined d p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED			
occur ontrib ermin regul sased is ma	WIDOWED DIVORCED	7 3-28-1896 OST DIFINODY 75 Months Doys Hours Min.		
T 0 + 0 - 0 - 0	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
or nde	RETU. Chamieur Bethlenem Steel Co.	BACTO, M.D. U.S. U. S. A.		
D T O O O O O O O O O O O O O O O O O O	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
dispo	GEORGE SCHUMAN	Lena White		
5 D 5 0 -	15. Was Deceased Ever In U. S. Armed Forces? (Yes, no of unknown) If yes, give wor of doles of service) SECURITY NO.	17. INFORMANT Wife: 729 E St.		
kir kir de de na	No SECURITY NO.	(69 E St.		
ב ב ב ב ב ב	IB. // / C I CAUSE OF DE	ATH		
his a lso, if of any unced tenda	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
203+0		CARDIAC ASYSTOLE 15		
h	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:		
0 5 5 5 5 6	injury ar complication which caused death.)			
fra o mir	ANTECEDENT CAUSES	VOCARDIAL LIVE A - OTILLE		
A A Wh	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	YOCARDIAL INFARCTION few his.		
S = 1 3 9 8	inse to the above cause (A) stating the UNDERLYING CONDITION last. (C)			
lical cal ns; icia as as	(C)			
B-B-E-S X E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
y by	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	######################################		
chief gody the l the l ysicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
by a 2) Bod re the physic fore th	U 21A ACCIDENT WAS INDERLYING 218 STACE OF INVESTOR	140		
# # · · · · · ·		office bldg., INJURY OCCUR? (If In Ballimore City, give exact location)		
by why	Q 21D-TIME (Month) (Doy) (Yeos) (Hous) 21 E. INJURY OCCURRED			
he hosp iy natur xcept w and (6) btained	€ 01 11140K1	21F. HOW DID INJURY OCCUR?		
prov he h ny n exce	Work LJ At Wo	hile 🔲		
T 0 0	22. I certify that 🎢 (this hospital) attended the deceased from	1-1- 19 72 to 1-1- 19 72		
of a of a ai (h);	that ((we) lost saw the deceased alive on	the state of the s		
	and hour and from the causes stated above. (We) (did) (dittage	view the body after death.		
dent deat deat must	23A. SIGNATURE	23B. DATE SIGNED		
30.22	Jeng Begree	Hending Med. Stoff 1-1-72		
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS		
y was rely was rely An acc 3.A. at a led prior to	J-1. GEORGE M.D.	Church Home & Hospira		
	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of C			
This cert the bod shows: was D.C decease	Burial 1-5-71 New Cathedral	, , , , , , , , , , , , , , , , , , , ,		
This ce the books: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME, OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS		
This the show was dece	1079 1079 Refer & James & D. J.	John J. Duda 7922 Wise Ave. Dundalk, Md.		
	VS 150-REV. 1/1/68	7 1 6		

The statement was present the statement of the statement

Werner U. Spitz, M.D.

258. NAME OF REGISTRAR

Washing M.D

24C NAME of CEMETERY OF CREMATORY

Arlington National Cemetery

24B. DATE

1/5/71

NAME (Type) 24A, BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

Burial

VS 151-REV. 1/1/68

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D, LOCATION

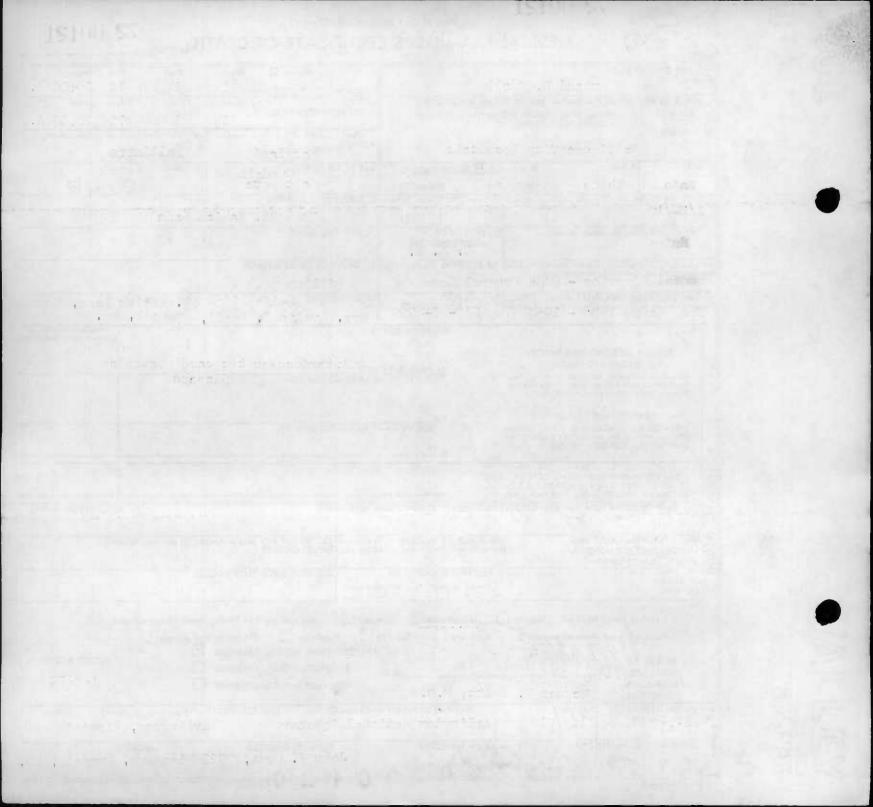
(City, town, or county)

John J. Duda, 7922 Wise Ave. Dundalk, Md.

Arlington, Virginia

ADDRESS

(Stote)



FUNERAL DIRECTOR: IMPORTANT

spital and of death Such no death. ance (4) Undetermined cause; (5) contributing cause attend 0 prior regular disposition is mad deceased = Was the death 00 or final attendance any pronounced embalmed fracture of examiner regular who GLB 2 physician the remains chief medical Was medical burns; No physician Body the 0 before 3 the where the hospital any nature; obtained 9 approved (except and death); 9 of hospital was released must accident 10 approval 0 eceased prior to D.O.A. shows: (1) SD M

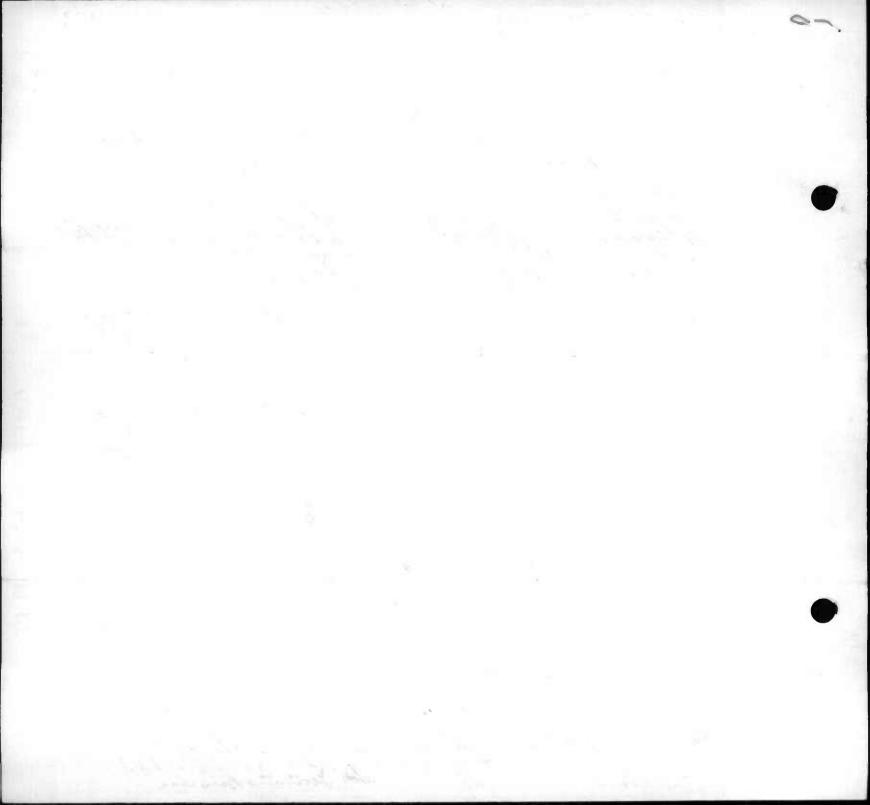
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Me Whorter I. NAME OF DECEASED 2. DATE AND HOUR OF (Type or Print) Dott Tr 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived. If institution: residence A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADORESS OR LOCATION) C. CITY OR JOWN WE D. INSIDE CITY LIMITS? UNION MEMORIA YES P NO E. STREET AND NUMBER 120 5. SEX 6. RACE 8. DATE OF MARRIED NEVER MARRIED 9. AGE Un years Il Under 1 Yr. Manths: Days Il Under 24 Hrs. lost biethday WIDOWED -DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Flote 12. CITIZEN OF WHAT COUNTRY? done during most of working life? even if refired) LAND BANK FEGETA! T3. FATHER'S NAME Mc Whorter JEHNIF PEAR 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give war or dates of service) 6. SOCIAL SECURITY NO. 17. INFORMAN (DHughtET) 1-603-673-2278 ADDRESS North Street miss M. Scott mc Whorter 220-34-5490 No Milford, NEW HAMPShire 03055 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A rise to the above cause (A) stating the UNDERLYING CONDITION lost, Н CERTIFICATION CARCINOMA OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-OATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? en OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE OID home, form, factory, street, olfice bldg., INJURY OCCUR? (If in Baltimore City, give exact lacation) MEDICAL OEATH (notify medical exemined) OF INJURY (Month) (Day) (Year) (Haut) 21E INJURY OCCURRED 21F. HOW OLD INJURY OCCUR? While At Nat While (APPROX) Work Al Work 22. I certify that (1) (this hospital) attended the deceased from that (i) (we) last sow the deceased alive on. ond that in (my) (our) opinion deoth occurred on the dote and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending | Med. Phys. Director 23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS DEGREE 24A. BURIAL CREMATION. REMOVAL (Specily) 248, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION DUIANEY VAILEY MEMORIAL BARDENS (City, town, or county) (State) JAH.7, 1972 ENTEMBMENT Towson, Baltimore Co., Maryland MAUSOLEUM 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ST. W. Broadway BOSEPH CONTINUE FOSTER BELATIC MANIAND SLOIL VS 150-REV. 1/1/68

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Lean dissolved

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

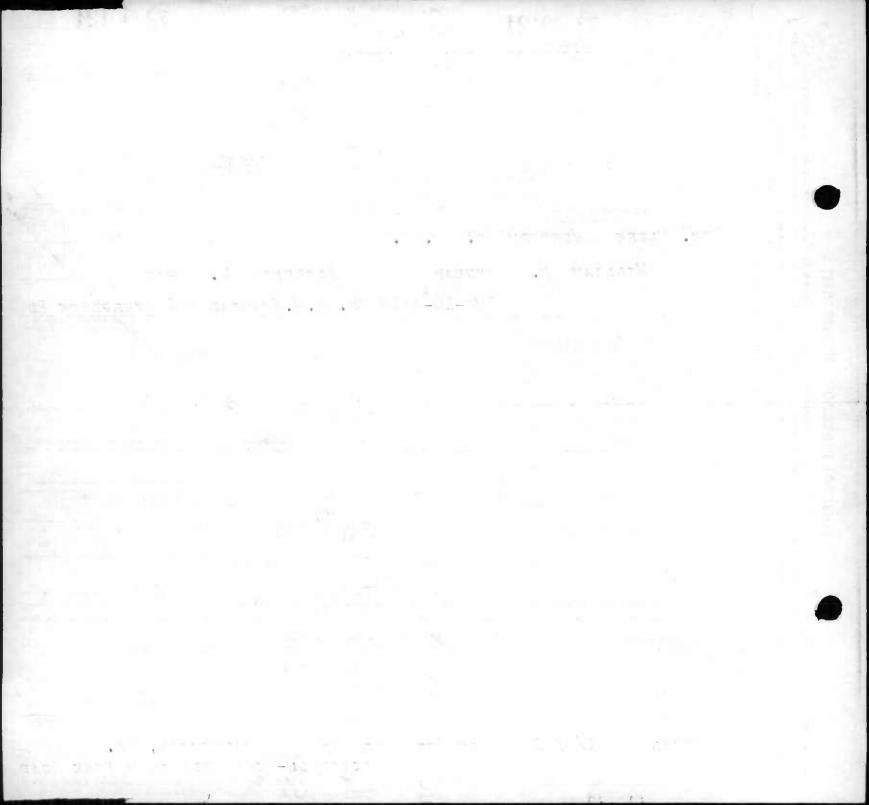
11/	BALTIMORE CIT	Y HEALTH DEPARTMENT 72 00123
		ATE OF DEATH REG. NO.
(i	NAME OF DECEASED Appe or Print K GRUZIN	2. DATE AND HOUR OF DEATH
	IEIK GRUZIN	Jan 4, 1972 3:40 AN
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FI	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. 2831
IN	STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
- 11	42	Balto YES NO
		E. STREET AND NUMBER
	Sinai Hosp, tal SEX 6. RACE 7. MARRIED WEVER MARRIED	H232 Labyrinth Rd.
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years I II Under 1 Yr. If Under 24 Mer.
	DIVORCED DIVORCED	Months Doys Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work TOR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
do	ducing most of working life, even il retired)	1 HV VIII OF WHAT COUNTRY
13	FATHER'S NAME	fell - Novana a .
	y	14. MOTHER'S MAIDEN NAME
	(norm orusen	Hannah -
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
1	SECURITY NO.	
-	18. / / CAUSE OF DEAT	Freda Guzzin - same
1	CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	This does not mean the mode of dying, e.g., (A) IMMEDIATE CAL	USE Intracerebral Hemornhage 16 h
	hoort foilure, asthenia, elc. fl means the disease,	A CONSEQUENCE OF:
1	injury at complicolian which caused death.)	3
	ANTECEDENT CAUSES	A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION (ast	
	UNDERLYING CONDITION last (C)	***************************************
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
AT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	######################################
문	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
ERTIFIC		IN CERTIFYING CAUSES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (o.g., i home, form, foctory, street, of	n or about 21 C. WHERE DID (If In Boltimore City, give exact location)
₹ S	DEATH (notify medical examiner) otc.)	inco pings, indokt occors
103	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	OF INJURY (APPROX.) While At Not While	
	AI WOR	
	22. I certify that (I) (this hospitol) attended the deceased from	3 19 72 to 1/4 19 72
	that (I) (we) lost saw the deceased alive on 1) 4	19 7 2 ond that in (my) (our) opinion death occurred on the date
	ond hour and from the couses stated above. (1) (We) (did) (did not) v	law the bade after days
	23A. SIGNATURE	
	Robert L. Brenzes M. D. Atte	nding Med. Shoff
	DEGREE	Director Phys. LT
	NAME (Type)	23D. ADDRESS
	Robert L. Brenner, M. Degree	Sina, Hospital
24A	BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CRE	
/	Junal 1/5/72 /houl 17-	1 12 1
25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	lose superally process
	IANY 1072 PARA 2 7 2 0	25G FUNERAL DIRECTOR 6018 Reach Pd ADDRESS
1	TO BEY 10/2	Hol Hviraino Berg Inc
A.2	150-REV, 1/1/68	



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

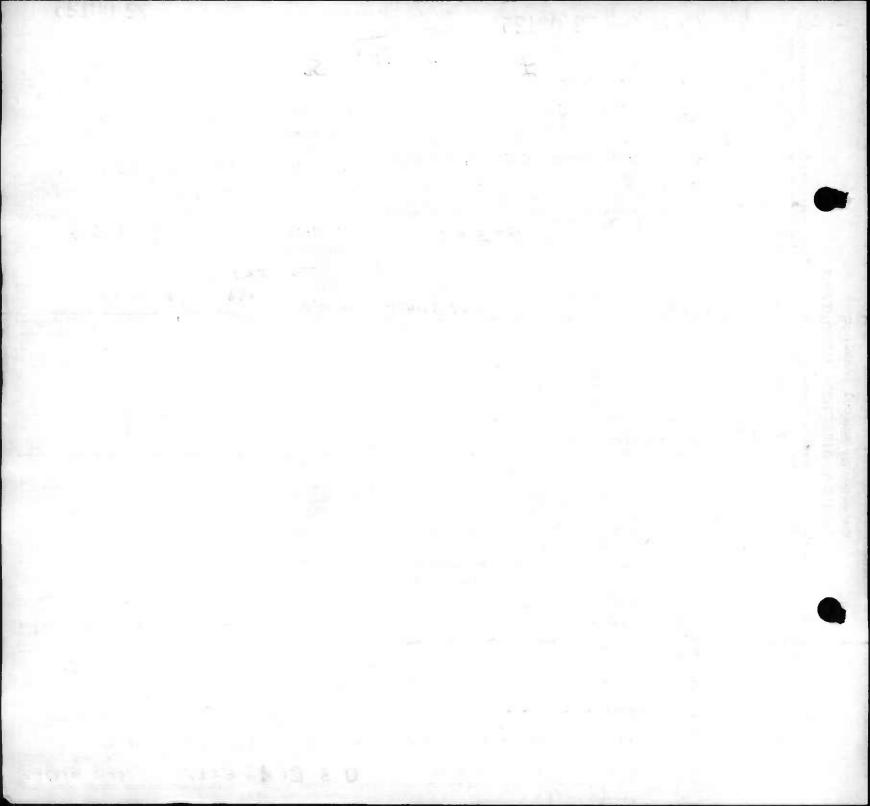
1/-	^		Y HEALTH DEPARTMENT		man and the	
BIRTH NO.	72 001	CERTIFICA	ATE OF DEATH	REG. NO	15 00154	
1, NAME OF DEC	FLOREN		NNEAR	HOUR OF DEATH	20 1 :0 :	1
3. PLACE IN BAI	LTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. II in	stitution: residence before o	dmission)
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPITAL C	OR INSTITUTION, GIVE STREET	MARVLAND		90	7
NOTIUTITAL			BALTIMORE	D. INSI	YES MO	
			E. STREET AND NUMBER			
10:NO		OSPITAL		OTTSTON	ST	
S. SEX F		ARRIED NEVER MARRIED WITH DOWED DIVORCED	02 14 1893	AGE (in years out birthdoy)	Months Doys Hours	r 24 Hrs. Min.
	UPATION (Give kind of work 108, f working life, even if refired)	KIND OF BUSINESS OR INDUSTR		n country)	12. CITIZEN OF WHAT	OUNTRYT
D ~	LERK WESTE	RN MD. R. R.	MARYLAND		OSO	
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAM	E		
	WILLIAM M.	KINNEAR	FLORENCE	W- OF	II.E	
5. Was Deceased Yes, no of unknown	d Ever in U. S. Armed Forces? n) (if yes, give war or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		705-10-511	9 MR. J.H.KIN	INEAR 222	OVERBROOK	R_{D}
18./5/	1 1	CAUSE OF DEA	TH		APPROXIMATE IN	TERVAL
DISEA	LEADING TO DEATH			(22		
(This does	not mean the mode of dvis	C. COLLETO OR AL	USE LAEMORRORE A CONSEQUENCE OF:	SHOCK		-
heart failure,	, asihenia, etc. It means the mplication which caused deal	disease.	A SOUTH COLOR			
	ANTECEDENT CAUSES		ROLD TESTENK	BLEEDI-	2)6-	
DISEASES	OR CONDITIONS, if any,	(D)	S A CONSEQUENCE OF:	Dreen	20	
rise to th	de above cause (A) state	ing the	TRIE CARC	AM OWN		
ONDERLINA	G COMMINION 1886	(c) (c)				
OTHER SIGNI	FICANT CONDITIONS CONTRI	BUTING				
▼ IDISEASE OR C	ATH BUT NOT RELATED TO THE TE CONDITION GIVEN IN PART 1 (A).				
19A-DATE OF	F OPERATION 19% CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE F	FINDINGS CONSIDERED	
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examined	21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or obout 21 C WHERE DID office bidg. INJURY OCCUR?		e City, give exoct location)	
21D. TIME OF INJURY	(Month) (Doy) (Year) (Ho		21F. HOW DID INJU	RY OCCUR?		
(APPROX.)		While At Work At Work	ile 🔲			
22. I certify	y that (i) (this hospital) att	ended the deceased from	12/70/11 19)ta	19	
that (I) (we)) last sow the deceased al	lve on	19 2 and that	in (my) (our) api	nion death accurred an	
and haur an	od from the couses stated c	bave. (i) (We) (did) (did not)				
23A. SIGNATI					23B. DATE SIGNED	
-	DeW	DEGREE PH	vs. Med. S	hys.	1/1/12	
23C. PHYSICIA	AN'S Type)	Dedict	23D. ADDRESS			
	CESAR WILLOW	WANTERN DEGREE	3318	and (al	went ST	
24A. BURIAL CRE	EMATION, 24B, DATE	24C, NAME OF CEMETERY OF CH		CATION (Cir	ly, town, or county)	(Stote)
BURIAL		HOLY REDEE	MER CEM	BALTIMOR	F. Mn	
25A. DATE REC'E	D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	IRCHELL WI	PDPPP* P	ADDRESS	Dave
JAN7	TOWN THE RES	20 m	110 mr 5 13	EUEFELD	6500 YORK	MOAD
VS 150-REV. 1/1/	/68	** ·				



54-	1	27	E 4	
7-3-	J.	/-	- 74	

Released by Medical Examiner FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, such deceased prior to death, such written approval must be obtained before the remains are embalmed or final disposition is made.
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	M-260 72 0012		HEALTH DEPARTMENT	72 00125	
BIF	RTH NO.	CERTIFICA	TE OF DEATH	REG, NO.	
	NAME OF DECEASED ype or Print) HAROLD L	McG.	RAWS 1-4-1	772 10.05	p. ,
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceded A. STATE B. COUNTY	ed fived. Il institution; residence belore adm	ission
H	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	ALTO 5 3 ()=
	RAITIMORE CITY	LACOTAL C	Baltimore	YES NO	
	4940 Eastern Avenue Ball	timore, Maryland	e. STREET AND NUMBER 7519 Belmont Aven	21224	
5. :	SEX 6. RACE 7. MA	RRIED NEVER MARRIED			4. Hrs
_		OWED DIVORCED	7-27-1929 last birth	4-2	Min.
don	A USUAL OCCUPATION (Give kind of work 10B, KII ne during most of working life, even if refired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign count Virginia	12. CITIZEN OF WHAT COL	UNTR
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Joseph		Cora REEL) <u>L</u>	
15. (Ye:	Was Deceased Ever in U. S. Armed Forces?	wice) 16. SOCIAL	17. INFORMANT	Eastern Avenue	
	UNK	224-32-4750	I DK. D=Kecords	imore. Maryland 21224	
	heart failure, asthenia, etc. It means the disinjury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, itse to the above cause (A) stating UNDERLYING CONDITION last,	(B)	A CONSEQUENCE OF:		****
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	TING IINAL			
RTIFIC	19A-DATE OF OPERATION 19B- CONDITION WAS PERFORMED		NO IN CE	YES, WERE FINDINGS CONSIDERED	
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218 PLACE OF INJURY le.g., in home, form, factory, street, of etc.)	or about 21 C. WHERE DID	(If In Boltimore City, give exact location)	
60	21D. TIME (Month) (Day) (Year) (Hours		21F. HOW DID INJURY OC	CUR?	
Z	(APPROX.)	While At Not While Not Work At Work	U + 010 - 10	_ , _	
	22. 1 certify that (1) (this hospital) attended the deceased from 5 - 1 19 by ta January 4 1972.				
	that (we) last saw the deceased alive an January 4 19 /2 and that in (we) (aur) apinian depth accurred an the date				
	and haur and from the causes stated above. (6) (We) (did) (414-mt) view the bady after death. 23A. SIGNATURE				
	James Jew	TOU DE	Med. Steff Director Phys.	1-4-1972.	
			. Director L. Phys. L.	25 1 1 1 1 1	
	23C. PHYSICIAN'S NAME IType)	DEGREE)	3D. ADDRESS Baltingre	uly Hospilale	A.
24A	James Young M.I	DEGREE	4940 Eastern Aven	mid Balto, Md 2122	4
	James Young M.I. A. BURIAL CREMATION, REMOVAL (Specify) BURIAL (17/72)	D. DEGREE PAC. NAME of CEMETERY OF CRE OAK LAWN	4940 Eastern Aven MATORY 24D. LOCATION CEM BA	mid Balto Md 2122	ale)
25A	NAME ITYPE) James Young M. I A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL A. DATE REC'D BY HEALTH DEPT. 25B. NA	Degree of CEMETERY of CRE	4940 Eastern Aven	(City, town, or county) (Sh	



G-630 72 00126 BALTIMORE CITY HE		. 20 00400
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH	REG. NO.
BIRTH NO. 1. NAME OF DECEASED	2. DATE Knawn Manth	Day Year Hour
(Type or Print) ARTHUR CRAY GRADY	OF DEATH Estimated	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month	Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD January	5, 1972 12:21 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased live	
O 1418 Light Street	A. STATE Maryland B	COUNTY 2302
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore	YES NO
9. DATE OF BIRTH f0. AGE (In years If Under 1 Yr, If Under 24 Hrs.	E. STREET AND NUMBER	100
16 may 1930 lost birthdoy)41 Months; Doys; Haurs; Min.	1418 Light Street	
11. BfRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
MARYLAND WHAT COUNTRY?	ARLIE GRADY	
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY		
dane during most of warking life, even if retired) CITY OF BACTIMORE	HELEN MICH	IE
6 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	10 INFORMANT	ADDRESS
(Yes, na ar unknown) (If yes, give war or dates of service) SECURITY NO.	WHITTEN FUNERAL HE	INCHBURG VIRGINIA
19. CAUSE OF DEA		APPROXIMATE INTERVAL
Gunshot	wound of head	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1105	
(A)IMMEDIATE C	AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, Injury ar camplication which caused death.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
	AS PERFORMED	21. AUTOPSY? (Yes or No) yes (Head-only)
22A. EXTERNAL CAUSE WAS UNDERLYING ₩ OR CONTRIB. LITTING ☐ CAUSE OF DEATH.	in or obaut 22C. WHERE DID (If in Baltimore bldg., etc.) INJURY OCCUR? 1418 Light Stre	et, 3rd floor 230
22D TIME (Month) (Day) (Year) (Hours) 122E INTERPLY OCCUPATED	22F HOW DID INTURY OCCU	
OF INJURY (APPROX.) Unknown WHILE AT NOT WORK AT W	WHILE Self-inflicted	
23(Hea	d-0 <u>nl</u> y)	
	topsy 🔀 ond that on this basis, a	death in my opinion
resulted from: Natural causes Accident Suicid	e K HamicIde Undetermin	ed manner
6/101/1	CHIEF MEDICAL EXAMINER	DAYE SIGNED
SIGNATURE AND MICHAEL M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	1/5/72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION	(City, town, ar county) (State)
REMOVAL (Specify) REMOVAL (RURAL 7 JAN 72 VIRGINIA ME	MODELLE PART RENE	PD (20 1/2
KEMOUAL BURIAL 7 JAN 72 VIRGINIA ME 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	Lace Funishal Diperton	ADDRESS
JAN 7 672	DLLRICH FONERAL HOME	tome 4210 Belair RD BAL SE 1336 PALK AUE
	1 1000 1000 1000	

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.

(except where the physician who pronounced

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

was D.O.A. at a hospital the body was released

This certificate must be approved by the chief medical examiner

written approval must be obtained before the remains are embaimed or final disposition is made.

attendance

was in regular

death

	1757	00	1	2"
REG. NO.	150	730	- 6	-

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	
1, NAME OF DECEASED	3		ND HOUR OF DEATH	
O'KONSKI, Berna		1/6/		institution: residence before admission
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	A. STATE B. COU Maryland	NTY	Institution: residence before odmission)	
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			SIDE CITY LIMITS?
Veterans Administra	tion Hospital	C. CITY OR TOWN Baltimore		YES TO NO
3900 Loch Raven Bou				130 AA
Baltimore, Maryland		E. STREET AND NUMBER	can Street	
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
Male White WIDOV	VED DIVORCED	5/24/23	48	7000
DA. USUAL OCCUPATION (Give kind of work 10 B. KING				12. CITIZEN OF WHAT COUNTRY
lone during most of working life, even if retired)				USA
Truck driver		Baltimore M	aryland	
Warter O'Konski		Victoria Chm	ieliawski	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	December	ADDRESS
- t- b - t - b -		VA Hospital		
Yes 1/19/43 - 3/16/46	213-18-0388 CAUSE OF DEAT	3900 Loch R	aven Blvd.,	Balto Md 21218
LEADING TO DEATH (This does not meen the mode of dying, heart feilure, osthenia, etc. It means the dise injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, gives to the obave couse (A) stating UNDERLYING CONDITION lost.	(B)ving DUE TO, OR AS	Bronchogenic A CONSEQUENCE OF: A CONSEQUENCE OF:	metasteses	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION F		YES	10) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ZIA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Baltimo	ore City, give exact location)
OF IN HIPY	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Not While Work At Work			
22. I certify that (1) (this hospital) attend that (1) (we) last sow the deceased alive and hour and from the causes stated above	on January 6th	19 #2ond t	hat in (ful) (our) op	
23A, SIGNATURE LAMEllaryrel 23G, PHYSICIAN'S	Atte	ending Med.	Staff Phys.	23B. DATE SIGNED 72
NAME (Type)		3900 I.O	ch Ramon Roy	hreveli

Jerome Koeppel, M. D.

24A. BURIAL CREMATION, REMOVAL (Specify)

Baltimore, Ma:

(City, town, or county)

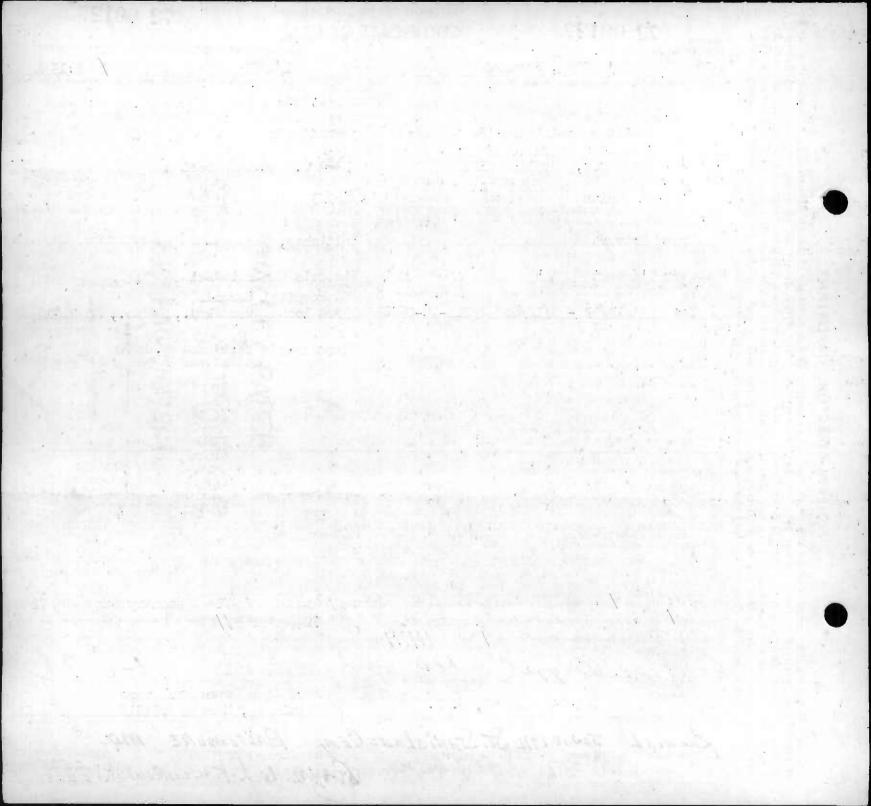
ESA. DATE REC'D BY HEALTH DEPT. IAN 7 1972

BALTIMORE 25G/FUNERAL DIRECTOR

MD. ADDRESS KI 2525 KI FLEET

VS 150-REV. 1/1/68-

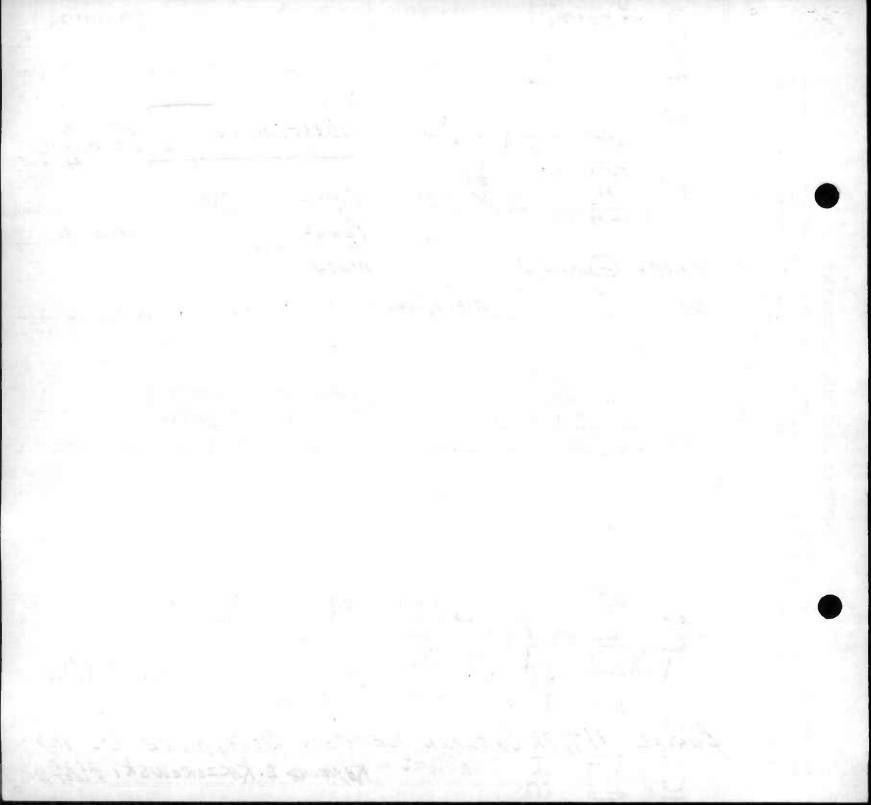
(Stote)



VS 150-REV. 1/1/68

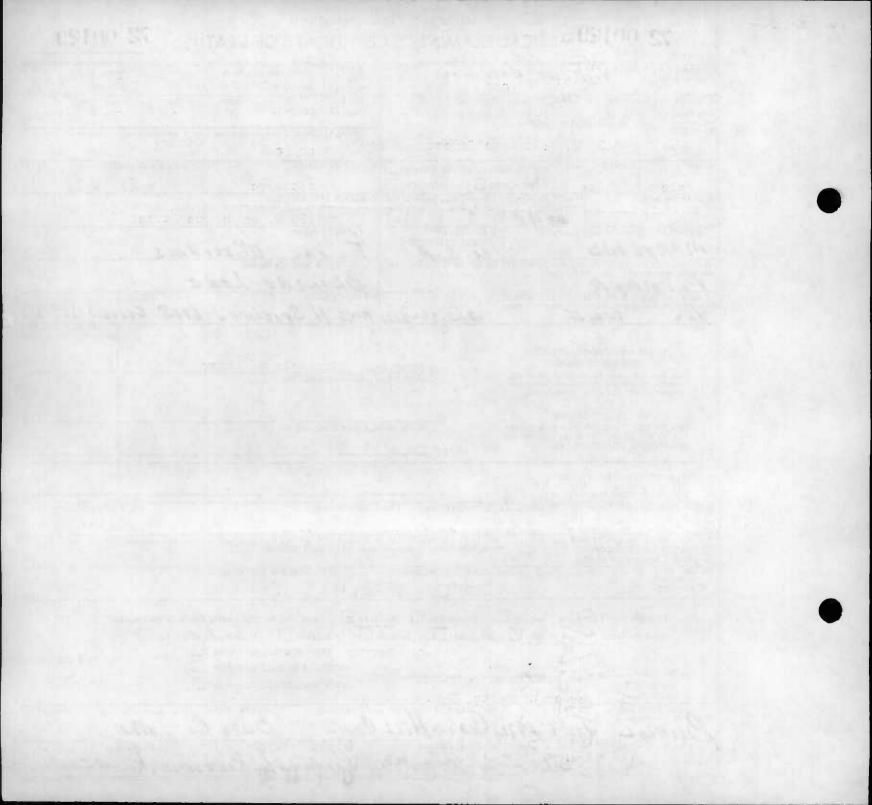
a hospital and

BIRTH 1	NO.	2 00128		CERTIFICA	TE C	F DEAT	TH REC	G. NO	2 0012	9
1. NAM (Type of	E OF DECEAS	JOH+	1 G	ARMAN			AMUARY 2	F DEATH	1 435	D
3. PLAC	CE IN BALTIM	ORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STAT	AL RESIDENCE	(Where deceased	lived. Il institutio	nt residence before d	(noie simbe
FULL N HOSPIT INSTITU	IAME OF AL OR ITION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	M	D. Drown	_	D. INSIDE CI	TY LIMITS?	3
3	1	DALTIMORE 4940 East			E. STRE	ET AND NUM	PAORE	AUS OUR	7 S. BELN	A Carrie
5. SEX	16.1	Baltimore			8 DATE	OF BIRTH	9. AGE (In	1 10 0 0000	212214	AVE
IA IISI	11	W	WIDOWED	DIVORCED DIVORCED BUSINESS OR INDUSTRY	101	29/95	lost birthdox	0	ths Doys Hours	er 24 Hrs. Min.
done duri	ing most of work	ing life, even if retired)	IOS KIND O	L BOSINESS OK INDOSIKI	0	NNA,	of foreign country)	12.	U.S. A.	
13. FATE	HER'S NAME					HER'S MAIDE	N NAME			
14.	ARRY	(OARMA			MB	RY				
(Yes, no	Deceased Eve or unknown) (If	yes, give war or dole:	s af service)	SECURITY NO.	17. INFO	RMANT RECORDS:	4940 E	astern Av	ADDRESS Jenue	
118,	1/0	1		213-07-440/ CAUSE OF DEATI		- CONDO	Baltim	ore, Mary	rland 21224	
1		/ I OR CONDITION DIR LDING TO DEATH	ECTLY		C	ALYORESP	IRATORY A	MILEST	BETWEEN ONSET A	
hea	s does nat it failure, ast	mean the mode of henia, etc. It means	the disease,	(A) IMMEDIATE CAU		QUENCE OF:		,		
โกไข	ry or camplic	TECEDENT CAUSES	death.)	-fi			LHIC CARC	HOMA OF	71 1364	150
nse	ia the c	CONDITIONS, if elibove cause (A) ONDITION lost	any, giving slating the	(B) DUE TO, OR AS	A CONSE	QUENCE OF:	L	ang.		***********
		11		(0)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
E TO	THE DEATH BI	NT CONDITIONS CON UT NOT RELATED TO TH DITION GIVEN IN PART	E TERMINAL	*************	**********		*****************			
RTI)	ERATION 198 CONT WAS PERF	ORMED	WHICH OPERATION	20 A.	AUTOPSY! (Yes	or No.) 20B. IF YE	S, WERE FINDING CAUSES O	GS CONSIDERED OF DEATH?	
OR DEA	ACCIDENT Y CONTRIBUTION TH (notify me	WAS UNDERLYING COMMON CAUSE OF Common	218 hom etc.	PLACE OF INJURY (e.g., in le, farm, foctory, street, off	or about lice bldg.,	21C. WHERE D	DID (if	in Boltimore City,	give exact location)	
S OF I	TIME (MINJURY PROX.)	onth) (Doy) (Year)		INJURY OCCURRED Not While At Work	· 🗆	21F. HOW DI	D INJURY OCCU	k?		
				he deceased from Jaj			1972_to		eath occurred on	
				(Me) (919) (919XXXXX				(out) optition a	eam occorred on	tue date
	SIGNATURE		ed a	TS HD AHO	nding	Med. [Staff Phys.	238. 0	PATE SIGNED	7
23 C.	PHYSISIAM'S NAME (Type)		(33)	DEGREE Phys	3D. ADD	1	as Cit	11-50	15 M	1
24A. BU	RIAL CREMAT	TION, 24B, DATE		AME OF CEMETERY OF CRE	MATORY	BALTI	10KE LIL	City, to wi	Male .	(State)
PU ZSA. DA	RIAL	1/7/1	2 Of	KLAUN C	EME		DALTI	MORE	. Co //	20 -
		N7 1972	25B. HAMES	Jaba M.D.	X			COROWS	Ki 252	55



VS 151-REV. 1/1/68

BALTIMORE CITY HE	EALTH DEPARTMENT	
72 00129 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	72 00129
BIRTH NO.	CERTIFICATE OF DEATH REG. N	0
1. NAME OF DECEASED VINCENT BATEMAN	2. DATE Known A Month Day	Year Hour
(Type or Print) Woodrow Williams	OF 511 1 2	72 8:45 Am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 1 2 3. DATE Month Doy	Yeor Hour
	PRONOUNCED DEAD 1 2	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION		M.
1430 W. Baltimore Street	5. USUAL RESIDENCE (Where deceosed lived. If Institu A. STATE B. COUNT	
00	Maryland	1701
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore	YES NO
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER	
lost birthdoy) Months Days Hours Min.		and the same
11. BIRTHPLACE(State or lareign country) 12. CITIZEN OF	1430 W. Baltimore Str	eet
TARLAT COLLECTION	. /1	
MARYLAND WIS A	LSAAC WILLIAMS	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	1	
PLUMBER	DLANCHE LONG	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 90 or unknown)((I) yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	18: INFORMANT	ADDRESS
15 WW.F. 212-36-312	MRS. H. SpiELMAN 6115	. GLOVER ST. H24
[19. CAUSE OF DEA		APPROXIMATE INTERVAL
9-7/11		BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	G: 1 -: C 1:	
(A)IMMEDIATE		
heart latture, osthenta, etc. It means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:	
many of compactment winds courses decime,		
ANTECEDENT CAUSES (R)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 22B. PLACE OF INJURY (e.g., home, form, factory, street, office	In or obout 22C, WHERE DID (If in Baltimore City, give to bldg., etc.) INJURY OCCUR?	exact location)
☐ UTING ☐ CAUSE OF DEATH.	S Blog Leic, Hook I OCCOK	
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	-
	WHILE	
23.	VORK L	
I certify that I held an Inquiry I Inspection Au	tancy ond that an this basis double -	antatan
resulted from: Natural causes X Acetaent Sulci		r L.J
ACTUAL MANAGED D	eputy CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	1-2-72
NAME (Type) Werner U. Spitz, M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D, LOCATION (City, to	wn, or county) (State)
DURIAL JANG 1972 CEPAR HILL	CEM. DALTO CO	MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
	DIVERAL DIRECTOR	1 7. (
JAN7 1972 Joben E. Jankey M.D.	BAYMOND LO. NACZOROW	isti 2525/LEET)



		BALTIMORE CITY		22 00130
DIETE	HNO 00 00130	CERTIFICA	TE OF DEATH REG. NO	
	H NO. ME OF DECEASED		2. DATE AND HOUR OF DEATH	- 0.
Туре	OI Print) ARTITUR, MIR.	STEPHEN E	1/1/12 10:35	KM M
3. PL		PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution A STATE B. COUNTY	ons residence before admission)
			MARYLAND.	101
HOS	L NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	CCITY OF TOWN	TY LIMITS?
NSTI	Church Home h	OF DITAL	FARTIMORE City) YES	
1	Church Home n	USPITTE	E. STREET AND NUMBER	.0 0 1/
10	O NORTH BROADWA	1 84.	2819 HUDSUN St. 21	1224
. SE	1110	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years list Mor	Inder 1 Ye. If Under 24 His.
1	IME WHITE WID	OWED DIVORCED	08/09/24 4/	
0A. I	USUAL OCCUPATION (Give kind of work 108, K	IND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTR
	during most of working life, even if settred) NEMPLOYED.		MARYLAND.=	AMERICAN
	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	7
₩ F/		12	MARGARET HERR	
	THOMAS ARTHUI			
5. W	fae Decoased Ever in U.S. Armed Forces? no or unknown)[lif-yes, give war or dates of s	ervicel SECURITY NO.	17. INFORMANT	ADDRESS
4 1	ES WWF	1220 14 890	MRS. CHRISTINA ARTHUR	SAME
_	18. 1-210 H	CAUSE OF DEAT		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTL	· 14-DA	HIC COMA.	BETWEEN ONSET AND DEAT
	LEADING TO DEATH			6 hus. =
1	This does not mean the mode of dying	(A) IMMEDIATE CA	A CONSEQUENCE OF:	
	heart failure, asthenia, etc. It means the dinjury or complication which caused death	Cirkhto	DRIS OF the LIVER. =	
	ANTECEDENT CAUSES	7 SEVA	ERE HEPATIC IN SSU FICIE	-1004
	DISEASES OR CONDITIONS, If any,	(B) DUE TO, OR AS	S A CONSEQUENCE OF:	.9 07.
	rise to the above cause (A) statis			1410444 1.0
1	UNDERLYING CONDITION last.	(c) UX	olo lism	many be
_[11			
≪].	OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING		
21	TO THE DEATH BUT NOT DELATED TO THE TED	MINAL		
ATIO	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OF CONDITION GIVEN IN PART 1 (A)	MINAL	190A Astronomo W Nall 500 fr upp wheel cities	NOC CONCIDENCE
FICATIO	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OF CONDITION GIVEN IN PART 1 (A)	MINAL). N FOR WHICH OPERATION	20A AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDS	NGS CONSIDERED OF DEATH?
ERTIFICATIO	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A-DATE OP OPERATION 19B-CONDITION WAS PERFORMI	MINAL TOR WHICH OPERATION	100	
10	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A. DATE OP OPERATION 19B. CONDITION WAS PERFORMS 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	MINAL N FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., home, form, foctory, street, c.	in or obout 21 G. WHERE DID (If In Boltimore City	NGS CONSIDERED OF DEATH?
CAL	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A-DATE OP OPERATION 19B-CONDITION WAS PERFORMI	MINAL N FOR WHICH OPERATION 121B PLACE OF INJURY (e.g.,	in or obout 21 G. WHERE DID (If In Boltimore City	
EDICAL	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A. DATE OP OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Ho)	MINAL N FOR WHICH OPERATION ED 218 PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21 C. WHERE DID (If In Boltimore City office bidge INJURY OCCUR?	
MEDICAL	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A-DATE OP OPERATION 19B. CONDITION WAS PERFORM 21A. A CCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical exemine)	MINAL N FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 218 INJURY OCCURRED While At Not Whit	in or about 21 C. WHERE DID (If In Baltimore City office bidge, INJURY OCCUR?	
MEDICAL	TO THE DEATH BUT NOT RELATED TO THE ITER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A-DATE OP OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hot OF INJURY (APPROX.)	MINAL N FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., home, form, foctory, street, cete.) 218 INJURY OCCURRED While At Not White At Work	in or about 21 C. WHERE DID (If In Boltimore City office bidg., INJURY OCCUR?	, give exact location)
MEDICAL	TO THE DEATH BUT NOT RELATED TO THE ITER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A-DATE OP OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exemines) 21D-TIME (Month) (Doy) (Year) (Hor OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) atter	MINAL N FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 218 INJURY OCCURED While At Not White At Work ended the deceased from	in or about 21 C. WHERE DID (If In Boltimore City office bidg., INJURY OCCUR?	, give exact location)
MEDICAL	TO THE DEATH BUT NOT RELATED TO THE ITER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A-DATE OP OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hot OF INJURY (APPROX.)	MINAL N FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 218 INJURY OCCURED While At Not White At Work ended the deceased from	in or about 21 C. WHERE DID (If In Boltimore City office bidg., INJURY OCCUR?	, give exact location)
A MEDICAL	TO THE DEATH BUT NOT RELATED TO THE ITER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A-DATE OP OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exemines) 21D-TIME (Month) (Doy) (Year) (Hor OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) atter	MINAL N FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., home, form, foctory, street, cete.) While At Not White At Work anded the deceased from	in or about 21 C. WHERE DID (If In Boltimore City) 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10	death occurred on the da
MEDICAL	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A. DATE OP OPERATION 19B. CONDITION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hor OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attached (I) (we) lost saw the deceased all	MINAL N FOR WHICH OPERATION 218, PLACE OF INJURY (e.g., home, farm, factory, street, cete.) While At Not White At Work anded the deceased from ye on Over (I) (We) (did) (did not)	in or about 21 C. WHERE DID (If In Boltimore City) 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 10	death occurred on the da
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MEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE ITER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A-DATE OP OPERATION 19B. CONDITION 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 2TD. TIME (Month) (Day) (Year) (Horo OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attact that (I) (we) lost saw the deceased all and hour and from the causes stated at 23A. SIGNATURE 23G. PHYSICIAN'S NAME (Type) 1. BURIAL CREMATION, 24B. DATE TAN 6, (97)	MINAL N FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., home, farm, factory, street, cete.) 218 INJURY OCCURRED While At Not White At Work anded the deceased from ye on	in or about 21 C. WHERE DID (If In Baltimare City office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile	death occurred on the day

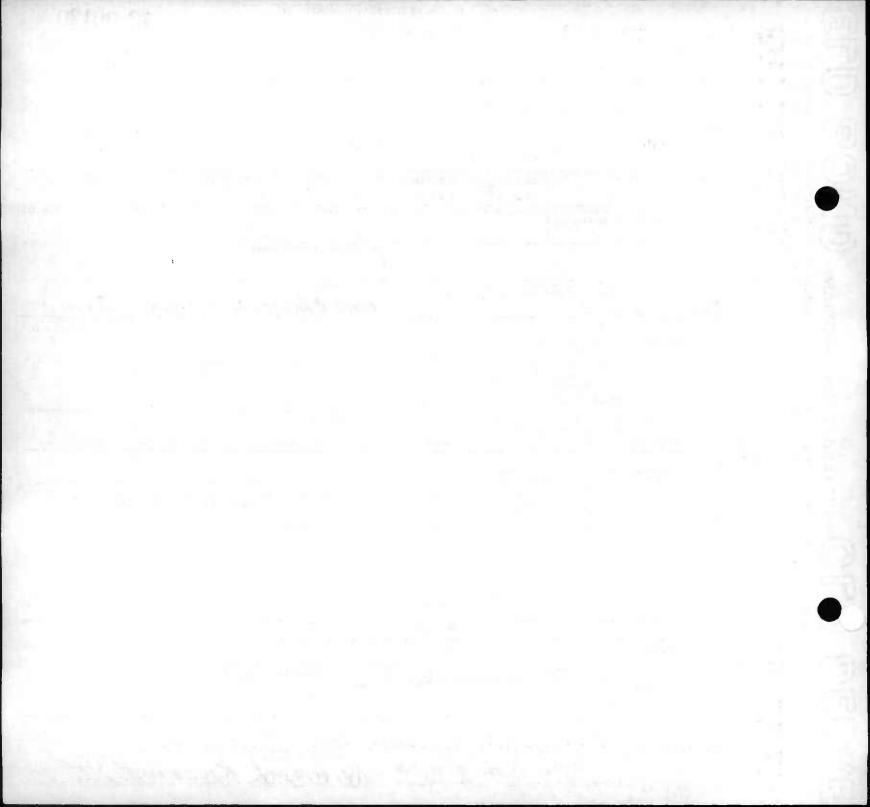
1972

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VS 150-REV. 1/1/68

ADDRESS 2525 FLEET

KACZOROWSKI

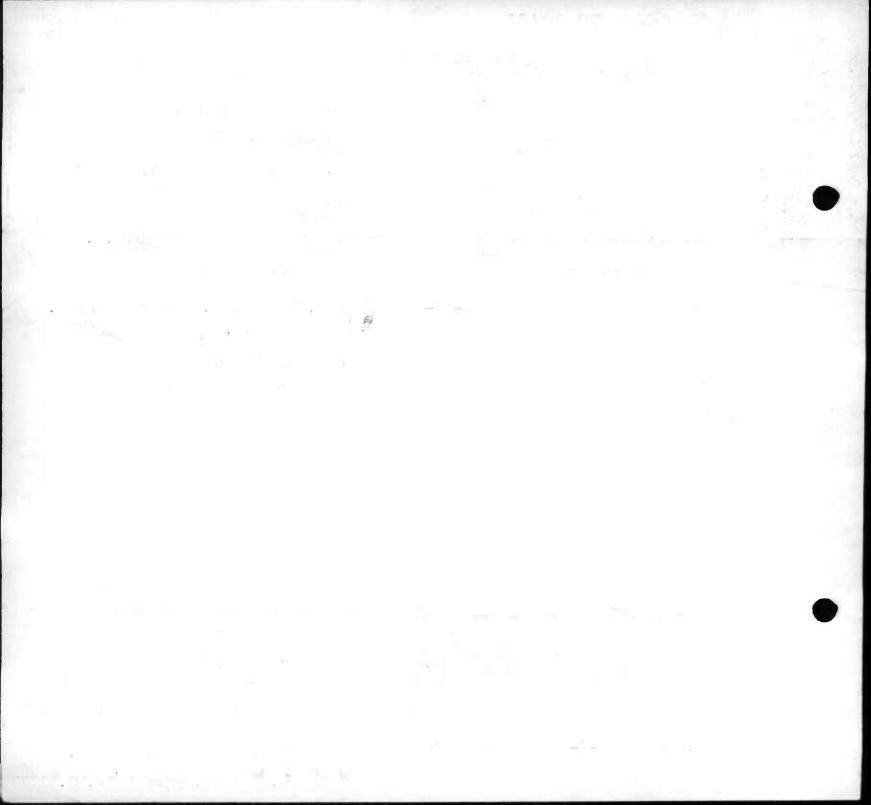


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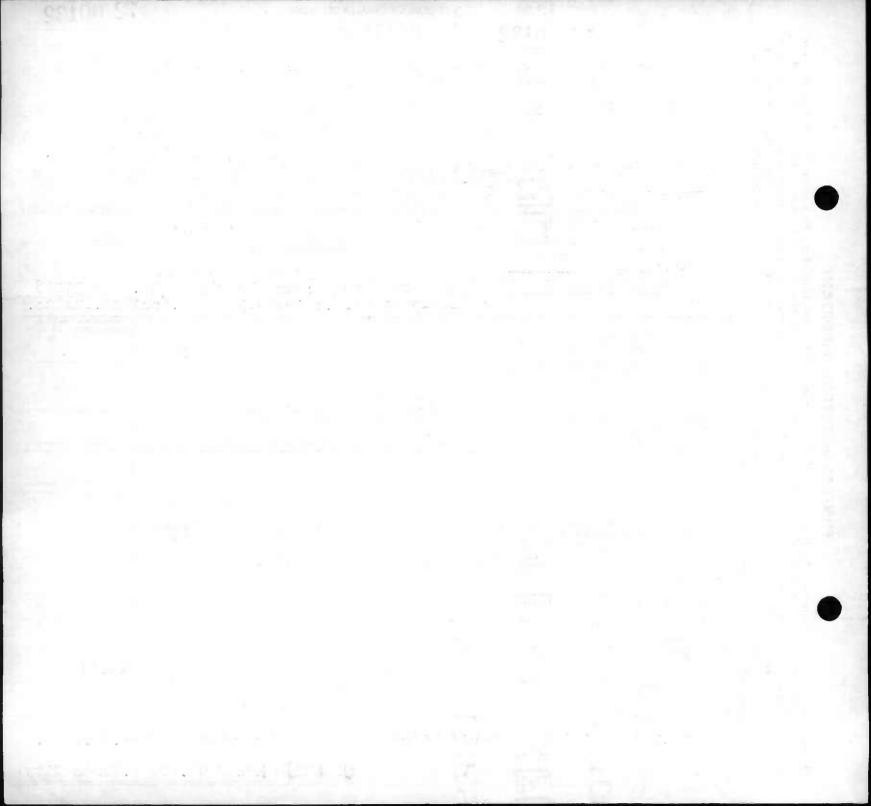
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	0 150	72 00	1494	BALTIMORE CITY	HEALTH DEPARTMENT	X	20 0010
BR	H NO.	15 111	1101	CERTIFICA	TE OF DEATH	REG. NO	72 00131
1. N	AME OF DECEAS	ED	Aires			ND HOUR OF DEATH	
(Тур	e or Print)	opeon.	Mar	y M. Rippeor	<u> </u>		35 AM
3. F	LACE IN BALTIN	ORE MARYLAND, W	HERE PRONO	UMCED DEAD		ere deceased lived. If	institution: residence before admission)
FUI	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland	Freder	cick 6 MTD
INS	ที่เป็นก็ดหา	ADDRESS OR FOC	A IION)		C. CITY OR TOWN		SIDE CITY LIMITS?
ml	5	** - 1 '			Meyersvil.	le	YES NO 🔀
TT	ie Jonns	Hopkins	Hospit	al	E. STREET AND NUMBER		
5. S	EX 6. (ACE	7. MADDIED	NEVER MARRIED	Rt. 2 Mey	ersville. 9. AGE (In years	Md. 21773
	emale	Cauc.	WIDOWED	DIVORCED T	1/18/30	losf birthday	Months Days Hours Min.
IOA.	USUAL OCCUPA	TION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	Domestic		Own H	ome	Kansas		U.S.A.
	ATHER'S NAME		01111	011110	14. MOTHER'S MAIDEN NA	ME	0.0.4.
	R	oger Stul	1			Black	
15. V	Vas Deceased Eve	r in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	22001	ADDRESS
	no	,, give war or date	o or service)	220-26-5009	Roy E.Rippe	on.Rt.2 M	yersville.Md.
1	18. 28 2	/		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE C	R CONDITION DIR	RECTLY		-1/	/	BETWEEN ONSET AND DEATH
		DING TO DEATH	hate a second	(A) IMMEDIATE CAU	se Mromben	PROUIA	ì
	heart failure, asth	enia, elc. Il means	the disease	DUE TO, OR AS A	CONSEQUENCE OF:	/	
		alion which coused	deoth.)		7		
		CONDITIONS, if		(B)	A CONSEQUENCE OF:		
- 11	rise to the a	bove cause (A)	slaling the	DOE 10, OR AS	A CONSEQUENCE OF:		
-	UNDERLYING CO	ONDITION last.		(c)	***************************************		
Z	OTHER SIGNIFICAN	II ITCONDITIONS COL	JTDIRI ITING				
ATI	O THE DEATH BU	T NOT RELATED TO THE	E TERMINAL	**************	***************************************		
	9A. DATE OF OPE	RATION 198 CONI	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B, IF YES, WERE	FINDINGS CONSIDERED
CERTIFICATION					Yes	IN CERTIFYING CA	AUSES OF DEATH?
	A CONTRIBUTION	AS UNDERLYING	home	e, form, foctory, street, offi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Baltimo	re City, give exact location)
2	DEATH (notify med		etc.J		.0.2		
MEL	OF INJURY	nth) (Day) (Year)		INJURY OCCURRED Not While	21F. HOW DID IN.	URY OCCUR?	
	APPROX.)		Worl	k At Work			
2	2. I certify that	((1) (this hospital)	attended th	e deceased from /-	2-72	19to/-	3-72 19
		saw the deceased		1-3-7		at in (my) (our) opi	inion death occurred on the date
a	and hour and fro	the causes state	ed above	(We) (did) (did not) vi	ew the body after death.		
2	3A. SIGNATURE	1000	th. 1	WALL	4	/	23 R. DATE SIGNED
2	C BUYCOTANA	ROUSE	Jug (0	DEGREE Phys.	Director L	Staff Phys.	1-3-72
-	NAME (Type)		1	23	D. ADDRESS	11 11	011. 11
24A.	BURIAL CREMATI	ON, 248, BATE	J. (Q / OS MI) DEGREE	JOHNS HOPKIUS	Hospitel	Baltimore, Md
	REMOVAL (Specif	y)		ME of CEMETERY OF CREA			ity, town, or county) / (State)
	urial	1-6-72	Res	sthaven Memo	orial Gardens		
10	N7 107		Jane O		25C. FUNERAL DIRECTOR	0	ADDRESS
VS 15	0-REV. 1/1/68				Paul F.	Bittle My	ersville,Md.2177



rif death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such 0 death. ance attend 0 prior disposition is made. in regular the deceased WOS or his assistant if death 00 or final attendance fracture of any pronounced embalmed regular examiner. who before the remains are 4 3 was in the physician a medical No physician of any nature; (2) Body where to the hospital be obtained 9 approved (except and eath); hospital the body was released must (1) An accident 0 0 written approval 0 prior to D.O.A. deceased shows: SID

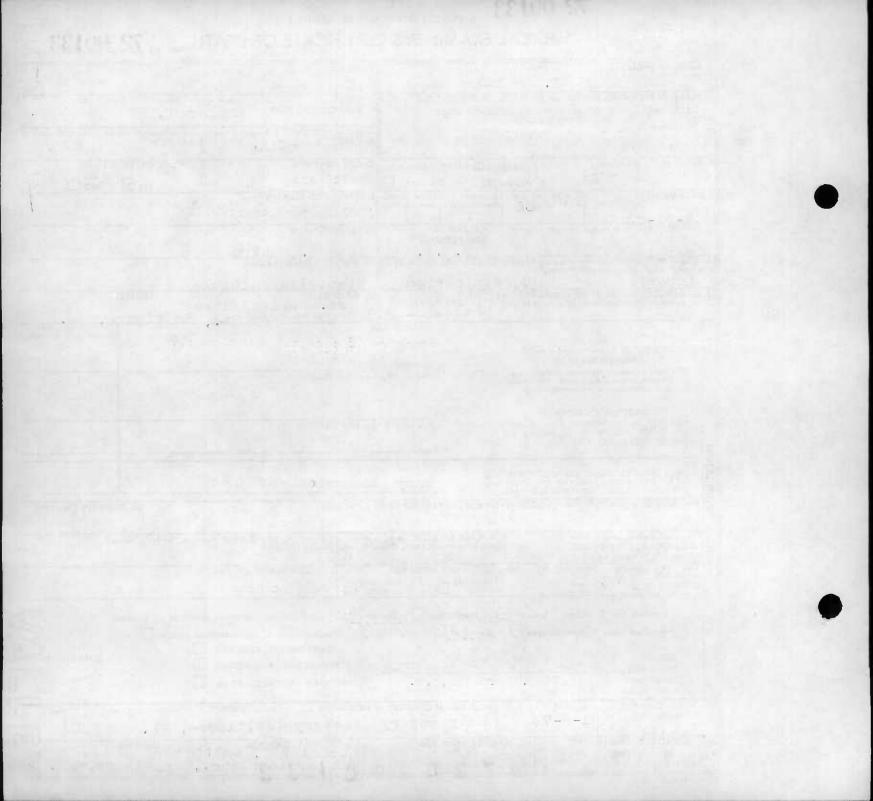
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH MORGAN (Type or Print) AURET WU BRY GEIR SON 4. USUAL RESIDENCE I Where deceased lived. It institutions residence before admission 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE C. CITY OR TOWN FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? YES X NO BALTIMORE E STREET AND NUMBER HOPKIN 2121 APTS. 3100 ST. B. DATE OF BIRTH 1884 9. AGE (In years lost birthday) If Under 1 Yt. Months! Doys If Under 24 Hrs. 5. SEX NEVER MARRIED Hours White WIDOWED DIVORCED wemale 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) NONE MARYLAND (Balto) NONE USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KIEFER MATHIAS MARGARET MORGAN 大田田十三九 17. INFORMANT . SON 15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) Hopkins Apts. Wm.O.Peirson, 3100 St. Paul St., Balto. NO APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DAREST (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. ERIOES U.FROSIS 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED 20A AUTOPSY2 (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exoct location) MEDICAL DEATH Inotify medical examined 21D. TIME (Month) (Dov) (Year) (Hous 21 E INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work 22. I certify that (I) (this hospital) attended the deceased from and that In(my) (our) apinion death accurred an the date that (1) (we) last saw the deceased alive on, ond hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23B, DATE SIGNED 23A. SIGNATURE Attending | Med. Director Staff Phys. Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME IType 33 14 VILLARANIV CIESAR INTERN DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 1/8/72 Druid Ridge Cemetery Pikesville, Balto.Co., BURIAL 258, NAME OF REGISTRAR SMEWARES & MOWEN CO. 108 W. North City1 VS 150-REV. 1/1/68



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1		000

MEDICAL EXAMINED'S CERTIFICATE OF DEATH

BIRTH NO.	ME	DICAL	EXAMINER 3	LEKHILI	CATE OF	DEAT	REG. NO.	160	0133
I. NAME OF DE	CEASED			2. DATE	Known 🔲	Month	Doy	Year	Hour
(Type or Print)	BOLES T.	BAUT	RO	OF	Estimoted		50,	1001	1100
4. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	DEATH 3. DATE	23111110101	Month	Doy	Yeor	Hour M.
FULL NAME OF HOSPITAL		TAL OR INSTIT	TUTION, GIVE STREET		INCED DEAD		ary 5,19		1:30 A.
OR INSTITUTION	BALTIMORE C		PITAL	5. USUAL R A. STATE	Maryland		ved, if Institution B. COUNTY	: residence b	elore odmission)
6. SEX	7. RACE	8. MARRIE	D NEVER MARRIED	C. CITY OR	TOWN		ID. INSIDE CI	TY LIMITS?	/ - /
Male	White	WIDOWE		Balti	more				No 🗆
9. DATE OF BIR	lost birtho	(In years	F Under 1 Yr. If Under 24 Hrs. Aonths: Days Haurs Min.	1	udson Str	eet			
11. BIRTHPLACE	(State or foreign country)	1:	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	S NAME				
Marvl	and		II.S.A.	Adam	F. Baut	ro			
done during most of	UPATION (Give kind of working life, even if retired	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	S MAIDEN NA	ME			
Labor		Comm	unication	Stan	islawa H	lheal			
	SED EVER IN U.S. ARMI	D FORCES?	17. SOCIAL	18. INFORM	IANT		AL	DRESS	
(1es, no of unknow)	n)(It yes, give wor or dote	s at service)	\$ECURITY NO. 214-03-42	_ Mrs	. Marie		°O		
19. NO	200		CAUSE OF DEA		7 Hudson	st.	Balti	more.	M CONTRACT INTERVAL
2	XXVX				rvical ar	d thor	acic		EEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	ECTLY	Fractur	e or ce	tebrae	id Liloi	acic		
(21 - 1	LEADING TO DEATH		(A)IMMEDIATE C		001200				
heart follur	not meon the mode of c e, asthenia, etc. It meons th	re disease.	DUE TO, OR A	S A CONSEQ	UENCE OF:				
Injury ar co	mplication which coused d	eath.)			1-000			- 3 57	
	NTECEDENT CAUSES								
		IV GIVING	(B) DUE TO, OR	AS A CONSEC	LIENCE OF	-			
RISE TO TH	OR CONDITIONS, IF AN	ATING THE	DOL 10, 0%	NO A COMBE	DENCE OF				
Z	NG CONDITION LAST.		(c)						
	11								
U TO THE DE	NIFICANT CONDITIONS C EATH BUT NOT RELATED TO R CONDITION GIVEN IN	O THE TERMIN	Fatty m	etamorp	hosis of	liver			
20A. DATE O			OR WHICH OPERATION WA	C DEDECORM	ED			A	
Ö		NOMON FO	DK HINCH OFEKNION WA	S PERPURM	ED				SY? (Yes or No)
100								ye	S
OLINDEBINIAN	RNAL CAUSE WAS G OR CONTRIB-	22 hc	B.PLACE OF INJURY (e.g., ime, farm, factory, street, affice Home	In or about 2	C. WHERE DID	(If In Baltimor	e City, give exac	t location)	
A UTING □ CA	AUSE OF DEATH.		Home	3	007 Hudso	n Aven	ue	10	
≥ 22D. TIME OF INJURY	(Month) (Doy) (Yes		22E.INJURY OCCURRED	2 / 2	F. HOW DID IN	JURY OCCI	IR?		
	1-4/5/1971	2	WHILE AT NOT	WHILE	Fell at h				
23.	1-4/3/19/1	• m	WORK LATW	ORK A	rell at II	Ome			
I cer	tify that I held on	Inquiry 🔲	Inspection Aut	opsy X	and that on th	ils basis,	death in my c	pinion	
resul	Ited from: Natural ca	uses 🗌	Accident X Suicid	Ho Ho	. \square		ed manner	7	
	/)	. 0	11.1		HIEF MEDICAL E				
ACTUAL		1 W	111				둼	I	DATE SIGNED
SIGNAT		1 1 1	M.D.	ASSIS	TANT MEDICAL E	XAMINER	K	1/-/-	7.0
NAME (I N. Ko	rnblum, M.D.	ASSO	CIATE MEDICAL E	XAMINER		1/5/7	12
24A. BURIAL CRE			24C. NAME of CEMETERY	COPILATO	DV 10				
REMOVAL (Spec						LOCATION	(City, town,		(Stote)
Rand -		12	Holy Rosary	Cemet	ery Ba	ltimo	re, Md.		
25A. DATE REC'D	BY HEALTH DEPT.	25B NA	ME OF REGISTRAR	25C. F					
דותתו	1972 Ballow	E Jak	Car N.D.		NERAL DIRECTO				
JHILL	MIL	1 0	7 2 8 0 0	7 1402	lEasten:	n Ave	Balt	imore	. Md.
VS 151-REV. 1/1/6	0						,		,



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

)-150 CEPTIFIC	Y HEALTH DEPARTMENT ATE OF DEATH
	RTH NO.	
(1)	pe or Print)	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission) A. STATE B. COUNTY
-]] H	ULL NAME OF OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	GOLY OR TOWN D. INSIDE CITY LIMITS?
	70	E. STREET AND NUMBER
	reo Washington Mursing Home	LOG TENNA AVE
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Il Under 24 Hrs. Months; Doys Hours Min.
10,	WIDOWED DIVORCED DIVORCED L. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI	73/1891 80
do	ne during most of working life, even it retired)	113. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		11'11
15.	Wos Deceased Ever in U. S. Armed Forces? Wos no or unknown) (II yes, give wor or doles of service) I 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
11	s, no of unknown) (If yes, give wor or doles of service) SECURITY NO. 215-01-7502	D. D
	18. 4 9 2 X CAUSE OF DEAT	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DHYSEM AT
	This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF: Dane & Dane = C. C.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ACOUSEDERCE OF PAREAUXIST
	ANTECEDENT CAUSES (8)	CERVICAL SPONDYLITY YRS
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION tost.	A CONSEQUENCE OF: ATISY - CYSTOTOMY 6-25-68
_	11 // . D	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Julmonale_
ERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
S P	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, of the property of th	in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) fice bidg., INJURY OCCUR?
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
-	(APPROX.) While At Not While At Work At Work	
		050NE 1969 10 5 JAN 1977
	that (1) (we) last saw the deceased alive on	ond that is (my) (aur) apinion death accurred on the date
	and hour and from the causes stated obove (1) (We) (did) (did nat) v	
	Kield of the All MA	anding Med. Staff Director Phys. 1
-	23C-PHYSICIAN'S NAME (Type)	s. Staff Director Phys. 23D. ADDRESS
	RICHAO'N TYCON WIN	936 W NORTH AVENUE
24/	SURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
	BURIAL JANS-472 HOLY REDEEN	IER CEM, 4430 BELAIR RD BALTO MD
25/	AN 7 1372 PAGE & NAME OF REGISTRAR	1ER CEM, 4430 BELAIR RD BALTO MD 25C. FUNERAL DIRECTOR DIPPELIBROS INC 7110 BELAIR ROAD
VS	150-REV. 1/1/68	

6/9/69 3323 Walford AVE, 2/2/2

DIAPEC BROS INC 7110 BELAIR KEALL !!

BALTIMORE CITY HE	ALTH DEPARTMENT	2 00135
H-450 MEDICAL EXAMINER'S	CEDTIEICATE OF DEATH	E (001/00)
BIRTH NO.	CERTIFICATE OF DEATH REG. NO	
1. NAME OF DECEASED	2. DATE Known Manth Day	Year Haur
(TVJ8SEP Han) JOSE ALIMO	OF DEATH Estimated	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD January 4, 19	72 8:30 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: re	esidence before odmission)
5 0 UNIVERSITY HOSPITAL	A. STATE Maryland B. COUNTY	1803
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Male White WIDOWED □ DIVORCED □	Baltimore YES	NO D
9. DATE OF BIRTH 10. AGE (In years 16 Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.	E. STREET AND NUMBER	
FEB 23 1915 last birthday) 56 Manths Days Hours ! Min.	14 S. Poppleton Street	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
BACTIMORE MD WHAT COUNTRY?	VINCENT ALIMO	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR		
dane during mast of working life, even if retired)	LARA CATANZARO	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		RESS
(Yes, na or unknown) (If yes, give war ar dates of service) SECURITY NO.	FREDERICK M. CICHORZ 1808	E DONTE CT
19. CAUSE OF DEA		APPROXIMATE INTERVAL
	ent meningitis	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	are meningicis	
LEADING TO DEATH (A)IMMEDIATE (This does not meen the made of dying, e.g., DUE TO OR	CAUSE	
heart failure, osthenia, etc. it means the disease, injury ar complication which caused de oth.)	AS A CONSEQUENCE OF:	
	farca injury to hard	
ANTECEDENT CAUSES (B)	force injury to head	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
LINDERLYING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART I (A).		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 2	21. AUTOPSY? (Yes or No)
× /		yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	in or obout 22C. WHERE DID (If in Soltimore City, give exact	location)
UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH.	14 S. Poppleton Street	1803
2 22D. TIME (Magth) (Dov) (Year) (Hour) 122F INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) 12-29-71 3:30 P. WHILE AT NO ATV	Struck on head with pipe	2
23.		
	ptapsy 🔀 and that an this basis, death In my ap	inlon .
resulted from: Notogal causes Accident Suici	de 🗌 Hamicide 🏻 Undetermined manner 🗌	
\mathcal{L}	CHIEF MEDICAL EXAMINER	DATE CLONED
ACTUAL CONTROL AND	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D.		1/5/72
NAME (Type)	ASSOCIATE MESICAL EXAMINATE C	17772
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, o	ar county) (State)
	IEL CEM, ODOMNELLS	T BALTO MU
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADD	T BALTO ME
JAN7 1972 Pales E. Jaben M.A.	DIPPEL BROS INC 1800	E LOMBARD ST
VS 151-REV. 1/1/68	0 0 1 3 1	
14		

mand rate Things of the VINCENT ALIME BACTIMERE MO TRUCK DRIVER LAKE CHENNEAND 213-12-9819 FRESHOOK A. CICHOLZ 1808 E. PENEK

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undefermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	D 250 BALTIMORE CIT	Y HEALTH DEPARTMENT 72 00136
É	D-250 72 00136 CERTIFICA	ATE OF DEATH REG. NO.
	NAME OF DECEASED (ype or Pant)	2. DATE AND HOUR OF DEATH
- -	DIXON MAUNICE G. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institutions residence before admission)
		A. STATE 6. COUNTY
111	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION	C, CITY OR TOWN
	R	BALTIMON & D. (NSIDE CITY LIMITS? YES NO
	UNIVERSITY HOSP	E. STREET AND NUMBER
5	/	533 SANford Place
	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr., If Under 24 Hrs. Months; Days Hours; Min.
10	A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OF INDUSTRY	3/31/23 45 11. BIRTHFLACE (State or foreign country) 12. C(TIZEN OF WHAT COUNTRY?
- 11	Retined Batto Gas + Electric	
13	RETINAL BELTO GAS + ElecTric	14. MOTHER'S MAIDEN NAME
	MAURICE DIXON	
1.5 (Y	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Chant-Marian Dixon 533 Santord P
	18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying en (A)IMMEDIATE CAN	A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A GOLDE GENERAL OLI
	ANTECEDENT CAUSES	A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C) CAAC	INO past of esophagus
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATIO	I TO THE DEATH BUT NOT RELATED TO THE TERMINAL	***************************************
199	19A. DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIF	212/30/12 Perforat of esuphaju 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF ANJURY (e.g., i	1 /e?
A A	21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF home, form, foctory, street, of percent (notify medical examined)	n or about 27 C. WHERE DID (If In Boltimore City, give exact location)
		21F. HOW DID INJURY OCCUR?
MEDI		
	22. I certify that (1) (this hospital) attended the deceased from	
	that (i) (we) last saw the deceased alive an	
	ond hour and from the couses stated above. (i) (We) (did) (did not) v	and that in(my) (our) opinion death accurred on the date
	23A. SIGNATURE	23B, DATE SIGNED
	John R Sotterfield Jump DEGREE Physician's	nding Med. Staff Phys. 1/6/72
	NAME (Type)	3D. ADDRESS
24	JOHN R. SATTENFIELD, UM M.D.	MATORY 24D. LOCATION (City, town, or county) (Stote)
-	REMOVAL (Specify) 1-10-72 Cedar Hill Ce	MATORY 24D. LOCATION (City, town, or county) (Stote)
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR
	JAN 7 1972 Pales E 3287 12 0 0	25C. FUNERAL DIRECTOR ADDRESS NORTH AVE
VS	150-REV. 1/1/68	1 "7"

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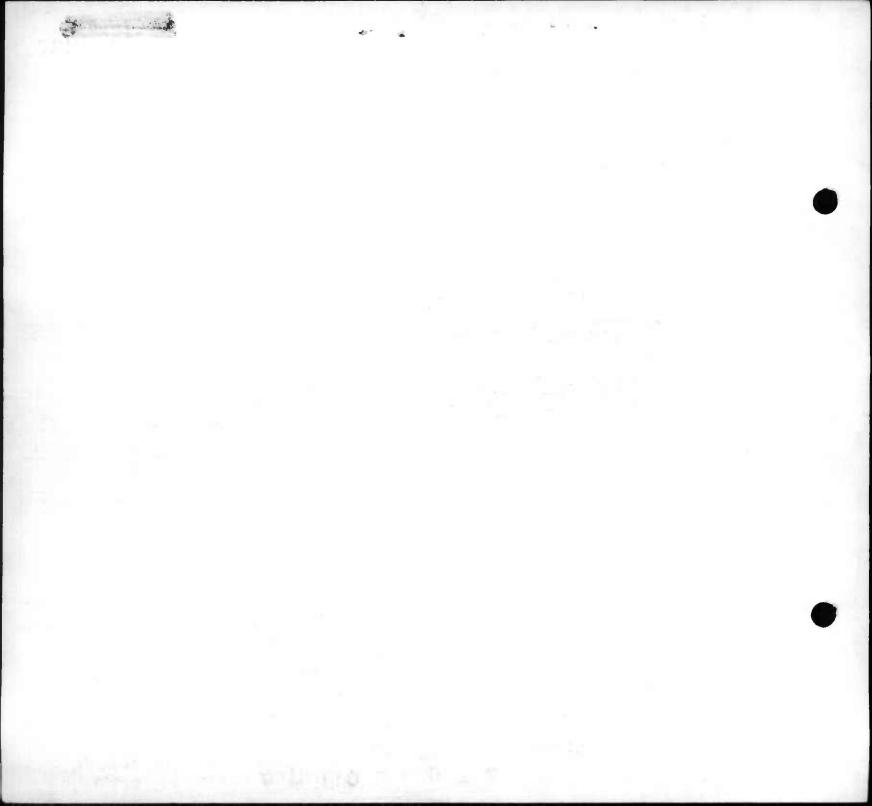
72 00136

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

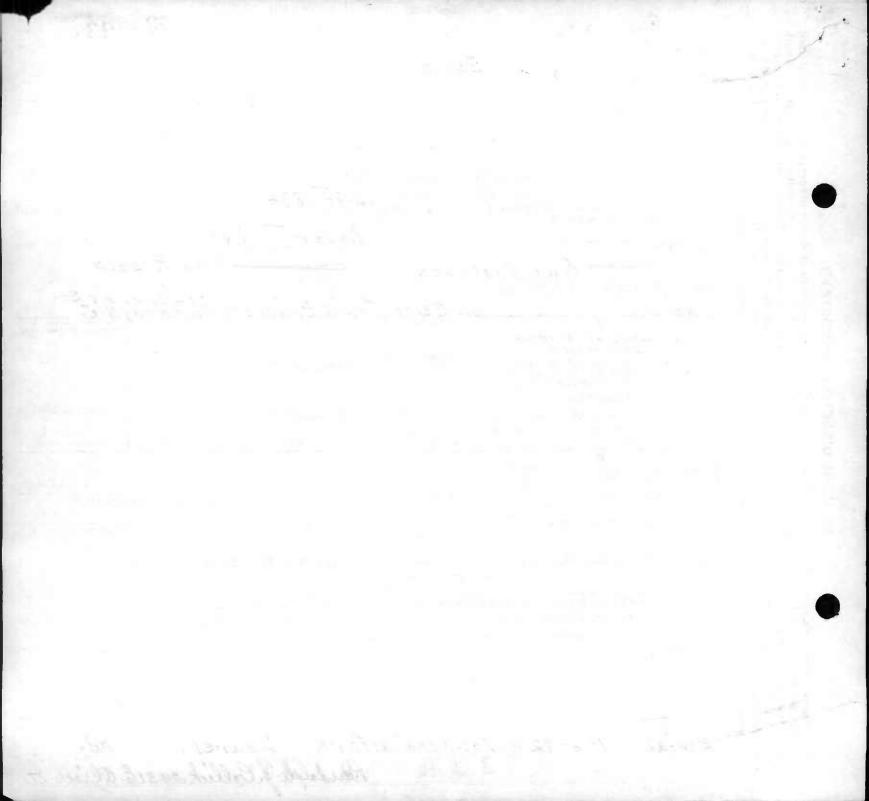
R-120 . 72 001	, , , ,	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	79 000000
(Typo or Print)		2. DATE AI	ND HOUR OF DEATH	12 OUT 37
CHARLES KOB	13	1/3/	72	6:35 AM
3. PLACE IN BALTIMORE MARYLAND, WHERE PROP	OUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived If in	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MD		1102
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
8		BALTO		YES NO
MARYLAND RENERAL A	400SDITAL	E. STREET AND NUMBER	- 1	
		46" BIDDLE		
M W WIDOWE		8. DATE OF BIRTH 6 - 24 - 07	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
		PENN		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15. Woo Deceosed Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or notes of service	1 6. SOCIAL	17. INFORMANT		ADDRESS
(105, no or unknown) (It yes, give whi bi foles of service	SECURITY NO.			VDDKE33
18,7// A MOT A	CAUSE OF DEATH			
DISEASON CONDITION DIRECTLY S	CAUSE OF DEATH	1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	Me	Car Danie	It ode	
(This does not mean the mode of dying, e.g	DUE TO, OR AS	CONSEQUENCE OF	ence produce	
(This does not meen the mode a dying, e.c. heart failure asthema, etc. it means the disassiniury ar completifier or make sepused deuthal	M.D.	my	ounded Jufa	estin
ANTECEDENT CAUSES	THER Mytes	slei Aridori	in.	
DISEASES OR CONDITIONS, if any, givin	g DUE TO, OR AS	A CONSEQUENCE OF: 74	- Free Julyu	Ten
rise to the above cause (A) stoling the UNDERLYING CONDITION last,	e (C)		C.	
	(0)			2
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	;			

U 1194 DATE OF OREDATION 1309 CONSTRUCT	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
			IN CERTIFIING CAL	ISES OF DEATH?
	B. PLACE OF INJURY (e.g., in me, form, foctory, street, affi	or about 21 C. WHERE DID	(II In Boltimare	City, give exoct locotion)
DEATH (notify medical examiner)	c.)			
S OF INJURY	E INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
I I(APPKOX.)	hile At Not While		Λ	
22. I certify that (I) (this hospital) attended	the deceased from	an . I	9 72 ta	an 3 10 72
that (I) (we) lost saw the deceased alive on.			//	ion death occurred on the date
and haur and from the couses stated above.	//	ew the hady after death	() (00.) again	ton dediti occurred on the date
23A. SIGNATURE		on the budy direct deaths.		23B, DATE SIGNED
Del Ara - 1	(1) Atten	ding Med.	Staff Phys.	1/2/22
23C. PHYSICIAN'S NAME (Typel	DEGREE Phys.	Director L. I	rnys. LL	1/3/12
July 1 A De	14P11/10 1	Malabara and	ME 11- no	1/- 0
24A. BURIAL CREMATION, 24B. DATE 24C.N	IAME OF CEMETERY OF CREAT	WAR THE TOTAL	DKENTERA	HOPLIAL
REMOVAL (Specify) 1-5-72	P.	OFFICE PROPERTY	MAN MAN	(Stote)
	OF REGISTRAR	UNIS HOPKIN	S MEDICA	I SCHOOL
JAN7 1002 Recessor	2 0 0	25C. FUNERAL DIRECTOR	THEOTOM	r ockors
VS 150-REV, 1/1/68	Cay MED.	MURIUARY	SERVICE	RMIN



BALTIMORE	CITY	MEALTH	DEDAG	TAITN
DALLIMURE	CILL	DEALIR	DEPAR	CIMEN

ح الله الله الله الله الله الله الله الل	BI	BIRTH NO. CERTIFICATE	OF DEATH REG. NO.
death death ceased on the		1. NAME OF DECEASED (Type or Print) A A A A A A A A A A A A A A A A A A A	2. DATE AND HOUR OF DEATH
on of	L	DARNES, ACA Essie	1-1-72 3.10 pm
hospi 150 o (5) D ance deat	// 3. 	[[A, 5]	SUAL RESIDENCE IWhere deceased lived. If institution: residence befare admission)
	FL	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	ARYLAND BALTIMORE. 1204
caus se; (caus se; (1	INSTITUTION C. C.	D. INSIDE CITY LIMITS?
ing cause; attend	1	THE MANIAN INFANOUAN LINCOUTTAIN TEST	TREET AND AUMARED
de d		4	47 E. 23 and . Street. 21218.
585500	5.	THE TOTAL PORTION OF THE PROPERTY OF THE PROPE	NE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
occ print egges is m	1	WIDOWED DIVORCED 12	-9-1896
th on on	do	IGA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. Bit fone during most of working life, even if refired)	
Jud Sitis	12	RETIRED.	DOVER TOP! U.S.A.
W W	13	HALVAIDUA / T / D /	HALLADULAL EILZ ALSTON
dir dir dis	15.	JAKNOWN John Anderson 5. Was Deceased Ever In U. S. Armed Forces? 116. SOCIAL 117. IN	
	(Ye	Yes, no or unknown) (III yes, give war or dotes of service) SECURITY NO.	FORMANT ADDRESS
8	-	18.4/ 2 2 1 CAUSE OF DEATH	VIN ANDERSON CAMBEN NIE.
Sign			AFTIMENT CAMER AND DESIGNATION
Also Also Toun Toun The made		LEADING TO DEATH	EREBRAL VASCULAR ACCIDENT. SEQUENCE OF:
50 L B		(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	SEQUENCE OF:
ner act pr pr ula		injury or complication which caused death.)	
tho the		ANTECEDENT CAUSES (B) ASCUD-1	HYPERTENSION . MSEQUENCE OF:
3) / W			
S; (Signal		UNDERLYING CONDITION last, (c) CHT - Pe	lvie Mass?
dice dice dice dice dice dice dice dice	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ef medy by phy cian	ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),	
	ERTIFIC	19A. DATE OF OFFRATION 119B. CONDITION FOR WHICH OPERATION	A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by chi by c 2) Bo 10 Bo	CER		
ital by re; (2) vhere No ph	A	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY leag., in or obtained one, form, foctory, street, office bld etc.)	INJURY OCCUR? (If in Boltimore City, give exact location)
20-3 7	MEDICAL	21D. TIME (Month) (Doy) (Year) 1Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hosi natu ept d (6)	٤	OF INJURY IAPPROX.) While AI Not While At Work	
he he xc		22. 1 certify that (1) (this hospital) attended the deceased from /2	-14 197/ to / - / 1977
da fort o fo fort o fo fort o fo fort o fort o fort o fort o fo fo fo fo fo fo fo fo fo fo fo fo f		1 101 101	19. 72 ond that in(my) (our) opinion death occurred on the date
st be ased t lent o spita death nust b		and hour and from the causes stated above. (1) (We) (did) (did not) view th	
dent dent dent deat must		23A. SIGNATURE	238, DATE SIGNED
		Attending Phys.	Med. Stoff \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
An ar An ar		23C. PHYSICIAN'S NAME IType) 1 23D. AE	
	246	DEGREE	
body w vs: (1) A D.O.A.	295	44. BURIAL CREMATION. 248. DATE 24C. NAME OF CEMETERY OF CREMATO	RY 24D. LOCATION (City, town, at county) (State)
This certification of the body shows: (1) was D.O. deceased written a	254	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 256	ark Laurel, rod.
the the show was dece		JAN 7 1972 Rock E. Jake 10 0 0 6	FUNERAL DIRECTOR ADDRESS
	Vs	s 150-REV, 1/1/68	unacyto y. Voluer 24316, While ST,



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75: (3) D.O.A deceased

shows: Was 5. SEX

TE OF DE		REG. NO.	72 00	1
J	Jan 1	OUR OF DEATH	116	20 DM
4. USUAL RESID	B. COUNTY	ceosed lived. Il instit	ution: residence befo	re admission)

l	(Type or Print)	NESBIT, VERNON
	3. PLACE IN BALTIMORE	MARYLAND, WHERE PRONOUNCED DEAD

FRULKNER

FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR

C. CITY OR TOWN

B. DATE OF BIRTH

D. INSIDE CITY LIMITS? YES X NO

Hookins Hospita

BALTIMORE E. STREET AND NUMBER

MARYLAND

9. AGE (in years lost birthdoy) Il Under 1 Yr. Il Under 24 His. XXXXX 8-9-09

MALE NEGRO WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) done during most of working life, even if retired)

12. CITIZEN OF WHAT COUNTRY?

uller 13. FATHER'S NAME NESBIT,

BIRTH NO.

ROSEVELT

Stepl

17. INFORMANT

ADDRESS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of service) 1B. /

6. RACE

SECURITY NO. 8-01-8850

CAUSE OF DEATH

(A) IMMEDIATE CAUSE

7. MARRIED NEVER MARRIED

6. SOCIAL

4.1	BETWEEN ONSET AND DEATH
Cerebrovasculas Hemont	1/4.

NesBIt 2/23 E. Oliver St

LEADING TO DEATH IThis does not mean the mode at dying, e.g.,

hearl failure, asthenia, etc. il means the disease. injury or complication which caused death.) ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY

(B)_______DUE TO, OR AS A CONSEQUENCE OF:

DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) UNDERLYING CONDITION lost

11

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION WAS PERFORMED 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

218 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

(II in Boltimore City, give exoct location)

MEDICAL DEATH Inotify medical examined 21D. TIME (Month) (Doy) (Yeoil

21 E INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Director

(APPROX.)

(Hous)

22. I certify that (1) (this hospital) attended the deceased from

While At Work

Not While At Work

11								200	
- /	_	7	2	.19	tc	 <u> </u>	7-	72	19

that (1) (we) last saw the deceased alive an.... 1 -1-19 72 and that In(my) (aur) opinion death accurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the bady after deoth.

Attending | Phys.

DEGREE

Staff Phys. 23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type)

23A. SIGNATURE

24C. NAME of CEMETERY OF CREMATORY

23D. ADDRESS

24D. LOCATION

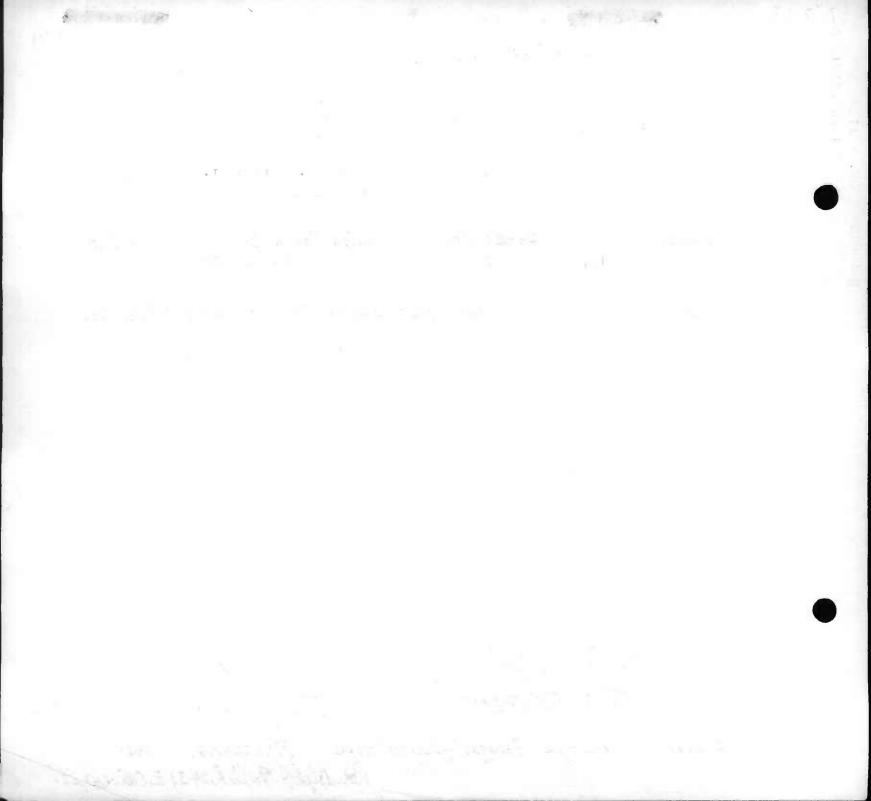
town. or county

REMOVAL (Specily)

24A. BURIAL CREMATION, 24B. DATE

VS 150-REV. 1/1/68

(4) Undetermined cause; Was the assistant if IMPORTANT death 00 kind; attendance any pronounced fracture of **DIRECTOR:** regular who physician the chief medical Was burns; FUNERAL No physician the of any nature; (2) where to the hospital (except w approved hospital eath) he body was released accident



FUNERAL DIRECTOR: IMPORTANT by the chief medical examiner or his assistant if de-

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

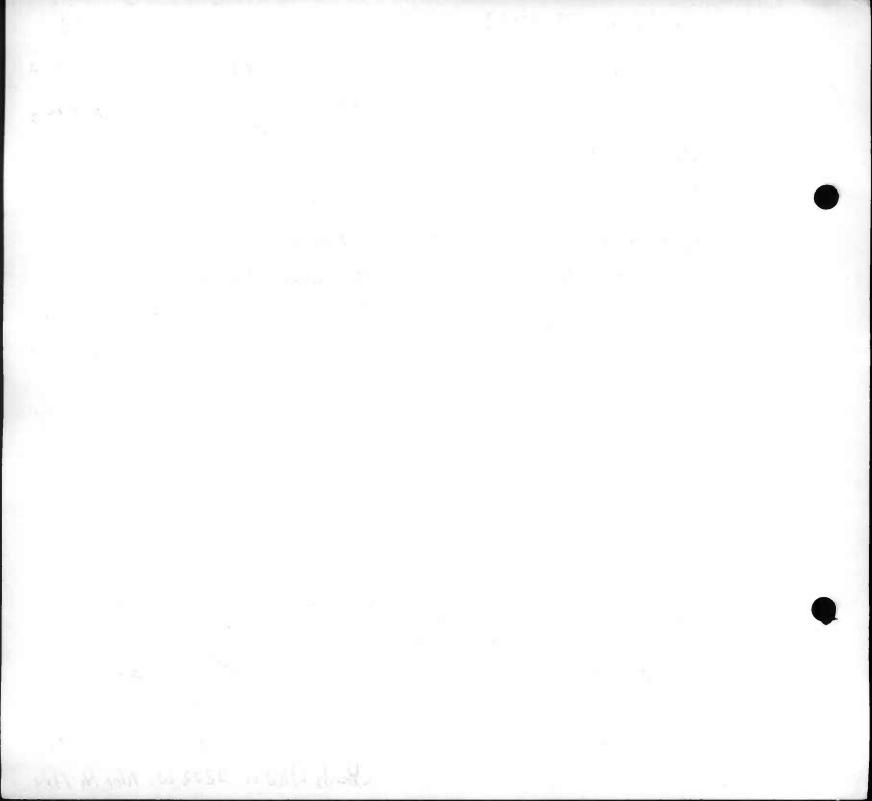
2 00:		HEALTH DEPARTMENT	arc No.	
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	50 1111111
1. NAME OF DECEASED (Type or Print)		2. DATE AN	ID HOUR OF DEATH	1 1 1 1 1 1 1 1
Cudolph F	EVERHARAT	1-6	- 72	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PL	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived if in	stitution: residence before admission
FULL NAME OF UF NOT IN HOSPITAL OR I	NOTITIES OF CIVE CERT	MARGIA		112
HOSPITAL OR ADDRESS OR LOCATION)	Manifolion, Olde Sikeel	C. CITY OR IOWN		DE CITY LIMITS?
DD HOME				YES A NO
3129 EASTERN	QUE	E. STREET AND NUMBER	_	TES EF NO
3/29 283/21811	700	3129 EAST.	ERN AVE	
SEX N 6. RACE N 7. MAR	RIED NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
	WED DIVORCED	12-13-1898	lost birthdoyl	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN		11. BIRTHPLACE (Stole or lore)	on country)	12. CITIZEN OF WHAT COUNTR
one during mox of working life, even if relifed)	PRINTER	BALTIMON		Of C
CETIRE D	7677777			14.3.
Charles EVER	handt	14. MOTHER'S MAIDEN NAM		
		CATHERING	E CAhul	
. Was Deceased Ever in U. S. Anned Forces? es, no or unknown) (If yes, give wor or dates of sen	(ce) 16. SOCIAL	17. INFORMANT		ADDRESS
4ES 4-10-17 12-31		CHARLES R F	VERLANDET	3427 ElmLE4
18. // 9 / 1	CAUSE OF DEATH		h = 1 < 1)(2) < 2 .	
DISEASE OR CONDITION DIRECTLY	J. J. J. J. DENII			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
LEADING TO DEATH		- Comme It	- Nove	
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the disc	e.g., (A) IMMEDIATE CAU	CONSEQUENCE OF		
injury or complication which coused death.)	Chn	- Empleyson	7-7-	
ANTECEDENT CAUSES		00		1
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	***********************	
rise to the above cause (A) stating	The			
UNDERLYING CONDITION last.	(C)	***********************************	*****	
l II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI	NG NAL			
IDISEASE OR CONDITION GIVEN IN PART 1 (A)	*****************	1004		***************************************
19A-DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
21A ACCIDENT WAS LINDER VINGE	21R PLACE OF INITION			
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined)	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, offi	ce bidg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
	elc.)			
21D. TIME (Month) (Doy) (Year) (House	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Not While At Work			
22 1			96410	1//
1440 I Certify that (1) (this hospital) attend			/	19/2
22. I certify that (i) (this hospital) attend that (i) (we) lost saw the deceased alive		1 .	1 1 - 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
that (1) (we) lost saw the deceased office	on		t in (my) (our) opin	Ion deoth occurred on the dat
that (1) (we) lost saw the deceased alive and hour and from the causes stated above	on			
that (1) (we) lost saw the deceased office	on (i) (We) (did) (did not) vi	19ond the		Ion death occurred on the date
that (I) (we) lost saw the deceased alive and hour and from the couses stated above 23A. SIGNATURE	onAtten OEGREE Phys.	ew the body ofter death. ding Med. Director		
that (1) (we) lost saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	on (i) (We) (did) (did not) vi	ond the ew the body ofter death. ding Med. Director St. St. ADDRESS	Shaff hys.	23R DATE SIGNED
that (1) (we) lost saw the deceased alive and hour and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Julius H Goodman	on V (1) (We) (did) (did not) vi	ew the body ofter death. ding Med. Director	Shaff hys.	
that (1) (we) lost saw the deceased alive and hour and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Julius H Goodman A. BURIAL CREMATION 1248, DATE	on (i) (We) (did) (did not) vi	19 / ond that we the body ofter death. ding Med. Director St. ADDRESS 9 S Highlan	hys. — and Ave 21	1/7/72
that (1) (we) lost saw the deceased alive and hour and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Julius H Goodman A. BURIAL CREMATION, 24B. DATE 24B.	on	ding Med. Director St. ADDRESS 9 S Highlan	hys. \(\square\) and \(\text{Ave} \) 21 CATION (City	23B. DATE SIGNED 224 , town, or county) (State)
thot (1) (we) lost saw the deceased oilve ond hour and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Julius H Goodman A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL (Specify) A. DATE RECORDS HEALTH DEPT. 25B. NA/	ON AHen Physology C. NAME of CEMETERY OF CREA	Med. Director SD. ADDRESS 9 S Highlan MATORY 24D. LO 722	hys. — and Ave 21	23R. DATE SIGNED 17772 224 , town, or county) (Statel RN AVE Me)
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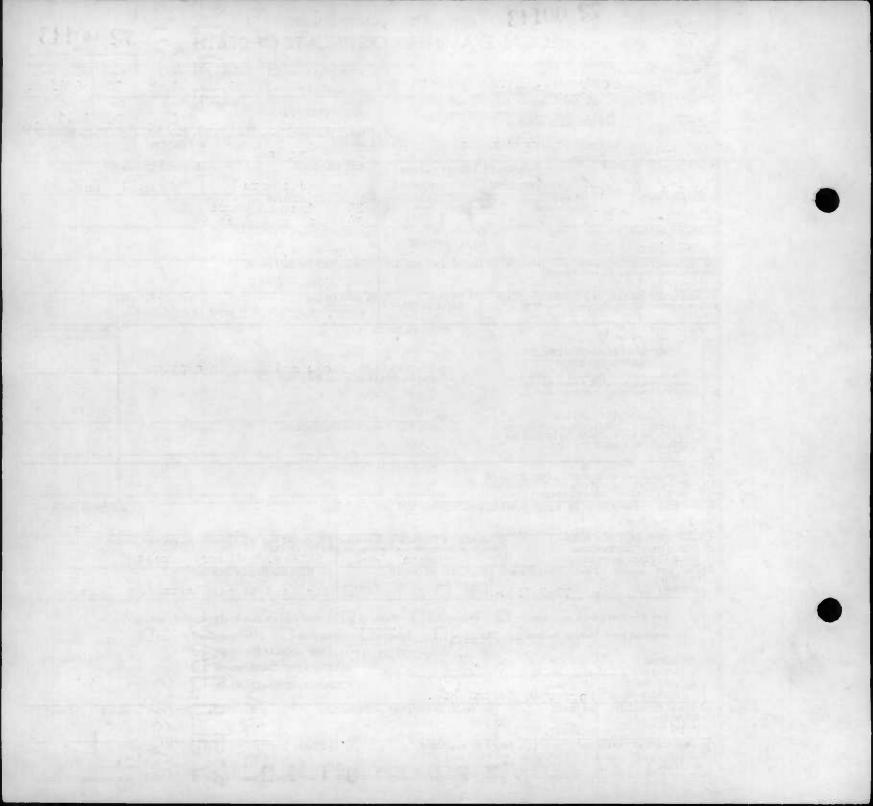
	H-6/0 72 00141 CERTIFICATE OF DEATH REG. NO. 72 00141						
- []	SIRTH NO. I. NAME OF DECEASED Type or Print) 2. DATE AND HOUR OF DEATH 30						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCEA When deceased lived. If institution: residence before admission)						
3	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR OF ADDRESS OF LOCATION) NSTITUTION OF TEXTURE OF THE PROPERTY OF TH						
	George WAShington Westing E. STREET AND NUMBER						
	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years last birthday) Months Doys Min. Months Doys Min.						
	OA. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S NAME						
	A LSTON,						
	5. Wos Deceosed Ever In U. S. Armed Forces? [es, no or unknown] [III yes, give wor or dotes of service] 16. SOCIAL SECURITY NO.						
	18. 4/2 APPROXIMATE INTERVAL						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) MAN EDIATE CAUSE (B) MAN EDIATE CAUSE (A) MAN EDIATE CAUSE (B) MAN EDIATE C						
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) Description of the caused death.)						
	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:						
	ise to the above cause (A) stating the UNDERLYING CONDITION last. (c) Shuladyef attenosclerosis						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 19A OPERATION 198 CONDITION FOR WHICH OPERATION 19A OPERATION 198 CONDITION FOR WHICH OPERATION 19A OPERATION 19B CONDITION FOR WHICH OPERATION 19A OPERATION 19B CONDITION FOR WHICH OPERATION 19A OPERATION 19B CONDITION FOR WHICH OPERATION 19B CONDITION 19B CONDITION FOR WHICH OPERATION 19B CONDITION 19B						
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	OR CONTRIBUTING CAUSE OF home, form, foctory, street office bidg., INJURY OCCUR?						
	21D-TIME (Manth) (Day) (Year) (Haus) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work						
	22. I certify that (I) (this hospital) attended the deceased from 11 A 19 65 to 3 AN 19 15 that (I) (we) last saw the deceased alive on 3 19 22 and that In (my) (our) apinion death occurred on the date						
and haur and from the causes stated abave (1) (We) (did (did nat) view the bady after death.							
	Tichard Fysin M. Attending Med. Staff 1-3-72						
	230. ADDRESS Richard F. Tyson MD 230. ADDRESS PHYSICIAN'S NAME (Type) PEGREE 936 West North Ave						
2	IA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
2	ADDRESS ADDRESS ADDRESS						
1	Adolphus Halstead 1206 W orth Av						

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	4	Q =21	2 72 1101	BALTIMORE CITY	HEALTH DEPARTMENT		243 - 61 10		
		TH NO.		CERTIFICA	TE OF DEATH	REG. NO	72 00142		
		AME OF DECEASE		1 -111101		D HOUR OF DEATH			
	-		SHANDS,	LENNON		JAN. 1, 19			
	3.	PLACE IN BALTIMO	RE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If in	stitution: residence before admission)		
	II HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION				BALTIMORE	DE CITY LIMPS?		
	L	L) SINA	1 HOSPITAL	BALTIMORE	BALTIMORE E. STREET AND NUMBER	D. 11431	YES NO		
9	5. \$	SEX 6. RA	CE		3906 GREENSPIRING AVE.				
is made		M	N WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	10/10/13	9. AGE (In years lost birthday)	Months Doys Hours Min.		
_	10A	USUAL OCCUPATI during most of working	ON (Give kind at work 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
disposition	E		udler Sm	th Transfer Ca	14. MOTHER'S MAIDEN NAM	ME	4.3.7		
6	- 1		0.11		A MOTHER STRINGER MAN	VIE.			
8		HINDHTHONY	4 SHand	S	Hemoada	Harville	2		
6	(Yes	was Deceased Ever s,no or unknown) (If y	in U. S. Armed Forces? es, give war or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
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L		18. 421.	0 10 150	CAUSE OF DEATH	I TO VEDIO SUGA	ds 3956 G	APPROXIMATE INTERVAL		
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ě		LEAD	ING TO DEATH	,		71011101010101	3 WEEKS		
		(This does not mean foilure asthe	eon the made of dying, nio, etc. It means the dis	e.g., DUE TO, OR AS	SE A CONSEQUENCE OF:	********************	***************************************		
ğ		injury or camplical	ion which caused death.)	euse,					
9		ANTE	CEDENT CAUSES	444					
0		DISEASES OR C	ONDITIONS, if any,	iving DUE TO, OR AS	A CONSEQUENCE OF:	*****************	***************************************		
2		rise to the ab	ave couse (A) slaling	me			4		
		CHELINIO CO	ADMON IUSI.	(c)	*************************		***************************************		
Ē	z	OTHER SIGNIFICAN	II CONDITIONS CONTRIBU	TING HAPER	TENSION				
0	E	TO THE DEATH BUT	NOT RELATED TO THE TERM	INAL PIABET	ES MELLITU	S			
0	2	19A-DATE OF OPER	ATION 198 CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WEDE E	INDINGS CONSIDERED		
0	CERTIFICATION	0	WAS PERFORMED			IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?		
Deror		21A. ACCIDENT W. OR CONTRIBUTING DEATH (notify medic	AS UNDERLYING CAUSE OF col exomined	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, off elc.)	or about 21C. WHERE DID injury occur?	(If In Baltimore	: City, give exact location;		
5	ED	21 D. TIME (Mon	th) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
	2	(APPROX.)		While At Not While					
		22 1	white the same	WORK LA AT WORK					
5			(this hospital) atten			9ta	1/72 19		
8		,	saw the deceased alive	/	1219 and the	it in (my) (aur) apin	lan death accurred an the date		
		and have and from	the causes stated aba	ve. (We) (did) (did not) v!	ew the bady after death.				
E		23A. SIGNATURE	0. 11 A	2 1			23 B. DATE SIGNED		
ē		THE	manded (oct	ijamco M. of . Atter	ding Med.	Staff Phys.	JAN. 1, 1972		
0		23C. PHYSICIAN'S NAME (Type)	1.01.1	2	3D. ADDRESS		- 11		
appro	244		ARMANDO (DIJAM CO M. V.	SINAI	HOSPITAL	BALTIMORE		
2	24A.	BURIAL CREMATIC	248. DATE 2	4C. NAME of CEMETERY or CRE	MATORY 24D. LO	CATION (City	town, or countyl (State)		
5	17	surial	1-5-21	Mt Auburn Cei	n = a a	stoort	IVIC		
	25A.	DATE REC'D BY H	EALTH DEPT. 258. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	- Por I	ADDRESS		
\$		JAN7 1	972 Valent E.	Tables 72.0	Boen's LiPus	2222 6) Nos H. Mus		
1	VS 1	150-REV. 1/1/68			FUNCTION CITY		110111111111		



1/ 2 00143	BALTIMORE CITY HE	ALTH DEPAR	TMENT										
H-635 MEDICAL E	XAMINER'S			DEAT	Н	717	00143						
BIRTH NO.					REG. NO.								
1. NAME OF DECEASED		2. DATE	Known 🔀	Month	Doy	Year	Hnur						
List of Att Care		DEATH	Estimoted	1	4	72	4:45 A						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRON		3. DATE		Month	Doy	Yeor	Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION) OR INSTITUTION		NCED DEAD	1	4	72	4:45 A.							
34 Bon Secours Hosp	ital	A. STATE	Maryland		B. COUNTY	n: residence t	elore odmission)						
6. SEX 7. RACE 8. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?							
Female Negro WIDOWED	DIVORCED [Baltimor	e		Es 🗵	по 🗌						
9. DATE OF BIRTH 10. AGE (In years HU	nder 1 Yr. Il Under 24 Hrs.	E. STREET A	ND NUMBER Edgewood	_		25 (2)	NOLI						
Sept. 18 1947 lost birthdoy) Mon	ths Days Hours Min.												
	CITIZEN OF	13. FATHER'S	Walbrook	Avenue									
	WHAT COUNTRY?												
		Jame	es R. Ke	nny									
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF done during most of working lile, even if retired)	BUSINESS OK HADUSIKI	IS. MOINER	S MAIDEN NA	VE.									
Housewife		74 (37)	ah Gran										
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dotes of service)	17. SOCIAL SECURITY NO.	18. INFORM				DDRESS							
		Mrs.	Sarah I	Kenny	2826	Westwo	ood Av						
19. F 8 9 0 X1	CAUSE OF DEAT	Н					PROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(ANIMMEDIATE C	AUSE Smo	ke and so	ot in	alation								
(This does not mean the made of dying, e.g., heart follure, osthenia, etc. It means the disease,	DUE TO, OR A	SACONSEQU	ENCE OF:	700 1111	aracioi	-							
Injury or complication which coused death.)													
ANTECEDENT CAUSES													
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	202 10, 011	w r corrolle	oritor or,										
UNDERLYING CONDITION LAST.	(c)												
E							•						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).													
20A. DATE OF OPERATION 20B. CONDITION FOR	WHICH OPERATION WA	S PERFORME	D			21. AUTO	PSY? (Yes or No)						
0 2							Voc						
Z2A. EXTERNAL CAUSE WAS 228.	PLACE OF INJURY (e.g., I	1 1 00				Yes							
UNDERLYING TOO CONTRIB.		n or obout 44	C. WHERE DID (lf In Baltimor	City, give exp	ct location)							
		bldg., etc.) IN	C. WHERE DID (JURY OCCUR?	If in Baltimor	City, give exp	ct location)	1901						
UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Year) (Hour) 12	House	(1)	1419 W. N	Mulbern	y Stree	t	1901						
OF INJURY	House ZEINIURY OCCURRED	1/ 22	1419 W. I	fulberi URY OCCI	y Stree	et (sm	noking in						
OF INJURY (APPROX.) 1 4 72 3:55A.m.	House ZEINIURY OCCURRED	WHILE .	1419 W. N	fulberi URY OCCI	y Stree	(sn	1901						
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or contributing cause of death (4) Undetermined cause; (5) Deceased Such

death.

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written approval must be obtained before the remains are embalmed or final

(6) No physician was in

physician

where the

(except

deceased prior to death); and

any nature; (2) Body

shows: (1) An accident of was D.O.A. at a hospital

certificate must be the body was released

to the hospital by

disposition is mad

BALTIMORE CITY	HEALTH DEPARTMENT	
THE	TE OF DEATH X REG. NO.	
Type or Print KNELL, GERTRUDE EMMA	JANUARY 6,1972 8:15	P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit	° M.
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND HOWARD C. CITY OR TOWN D. INSIDE CITY LIMITS?	0
A SATURON	ELLICOTT CITY YES NO KX	
TOST AGNES HOSPITAL	E. STREET AND NUMBER 2637 TURF VALLEY ROAD 2104	2
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIn years 15 Hades 1 Ye 15 Hades 2	2
FEMALE CAUCASIAN WIDOWED K DIVORCED	1 07/28/00 71 : : : :	Ain,
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or foreign country) 12. CITIZEN OF WHAT COL	JNTRY?
HOMEMAKER OWN HOME	MARYLAND U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
CLEAMENS KARFGIN	GERTRUDE ESSELMAN	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 220 48 0673	ST AGNES HOSPITAL CATON & WILKENS	122 AVE
LEADING TO DEATH	a consequence of: ento onterseptal more en electrone planetero I also	DEATH
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF C	n of about 21C, WHERE DID (If in Boltimore City, give exact location) lindustry occur?	
OF thisury IAPPROX.) Continue IMonth IDoy IYeor (Hour) 21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital) ottended the deceased from		2
that (1) (we) last saw the deceased olive on JANUARY 6	19.72 and that In(My) (our) opinion death occurred on the	dote
ond hour and from the causes stated above. (X (We) (dld) Xd/d/not)	lew the bady ofter death.	
Phon	nding Med. Staff 238, DATE SIGNED	
DEGREE	3D. ADDRESS	

PHYSICIAN'S NAME ITYPH

DEGREE

24C. NAME OF CEMETERY OF CREMATORY

JOSE APTER M.D. 24A. BURIAL CREMATION, REMOVAL (Specify)

248, DATE

WILKENS AVENUE CATON

24D. LOCATION

(City, town, or county)

(State) Md .

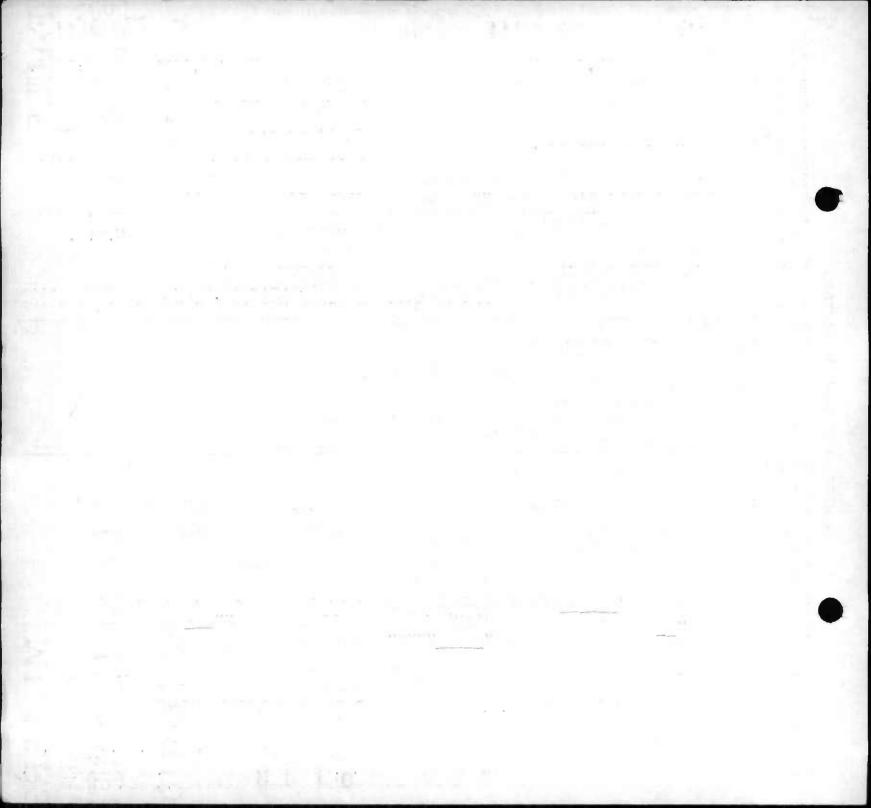
18 Buria] 25A. DATE REC'D BY HEALTH DEPT. Parkwood

Parkville Pack funeral director H.J. Jenkins, & Son

905 York Co.

Balto.Co.

VS 150-REV. 1/1/68



bvs

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

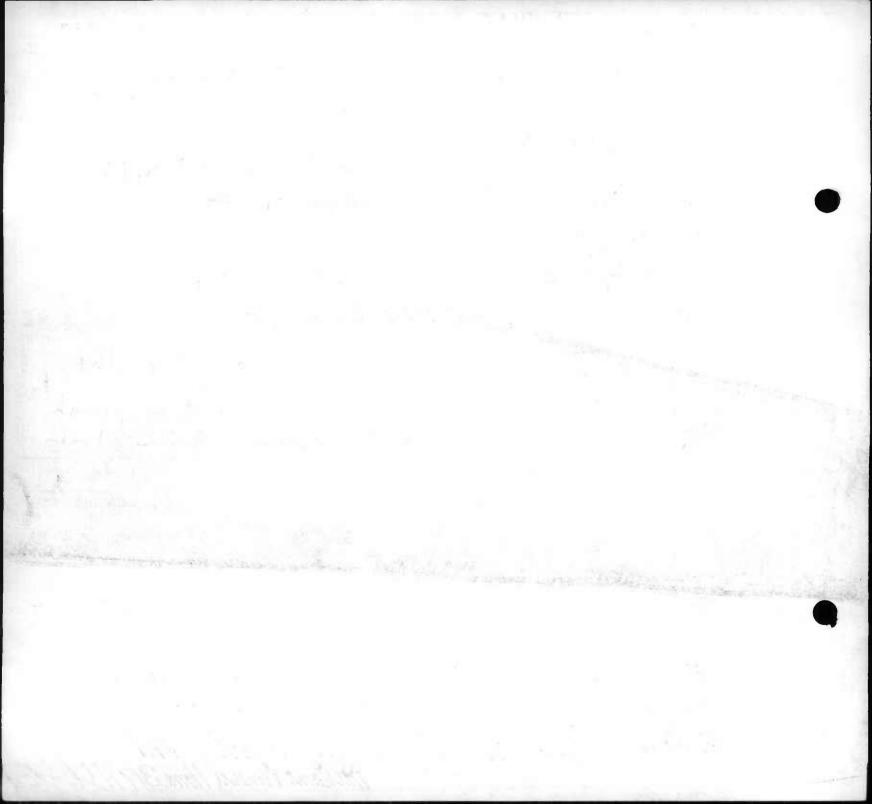
BIR	H-400	72	0014		HEALTH DEPARTMENT	REG. NO	72 00	1145
	NAME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH		
L		Hall, Mary Sy			Janu	ary 6, 1972	1 4:	30 A. M.
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE FRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If in	stitution: residence	before admission)
H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Ohio	D. INSI	DE CITY LIMITS?	32
ľ		BLIC HEALTH S	ERVICE	HOSPITAL	Rocky River			по П
0	27				E. STREET AND NUMBER 19580 Beach	Cliff Boulev	ard	
	Female	6. RACE White	WIDOWED		5-21-23	9. AGE (In years lost highlay)	If Under 1 Yr. Months: Days	Il Under 24 Hrs. Hours Min.
AO1	USUAL OCCI	UPATION (Give kind of work working life, even it retired)			11. BIRTHPLACE (Stote or lo	reign country)	12. CITIZEN OF	WHAT COUNTRY?
		Counselor	Educ	ation	North Carol	ina	U.S	. A.
13.	FATHER'S NA	ME TI	1		14. MOTHER'S MAIDEN NA	AME		
	Julius	Herbst			Taylor R	ebecca		
15. (Ye:	Was Deceased	Ever in U. S. Armed Far	ees?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	SS
	No		3 01 30111001	225 28 0815	RECORDS- US P	HS HOSPITAL	Baltimor	bM e
	18.	0.017	18.3	CAUSE OF DEATH		11001111111,	APPRO	XIMATE INTERVAL
		E OR CONDITION DI	RECTLY		lateral broncho		τn	ONSET AND DEATH
		LEADING TO DEATH	duine au	(A) IMMEDIATE CAU	se pulmonary inf	arction, mul	tiple ?	one week
	heort failure.	ol meon the mode of osthenio, etc. 11 means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:			
		plication which caused ANTECEDENT CAUSES	deam.)		pyelonephritis		CTO	nown
	rise to the	R CONDITIONS, il obove cause (A) CONDITION last.	any, giving stating the	pue 10, or as Partial (c)peritone	A CONSEQUENCE OF: SMAIL DOWEL obs al metastases & nal adherione.	struction wit	h wee	ks
_					ic serous papi			
ATION	TO THE DEAT	ICANT CONDITIONS COI H BUT NOT RELATED TO TH ONDITION GIVEN IN PAR	E TERMINAL		noma of the ove		4	years
RTIF	2	OPERATION 198 CON	ORMED	VHICH OPERATION	Yes	IN CERTIFYING CAU	INDINGS CONSIDERS OF DEATH?)ERED
CAL C	OR CONTRIBU	TWAS UNDERLYING TING CAUSE OF medical examines	21 B, hom etc.)	e, farm, lactory, street, oil	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct lo	cation)
	21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		INJURY OCCURRED le At Not While	21F. HOW DID IN	JURY OCCUR?		
		. 4/	Wor	k L At Work				<u> </u>
	that (1) ()	that (1) (this hospital) attended th	ne deceased from NC	770	1971 to Janua		19 72
					managed, , property description	hat in (my) (our) apin	Ion death occur	red on the date
and hour and from the carges stoted above. (1) (We) (did) (d								
	Kole	nt K. Why	ght, 1	Atter	Med. Director	Staff Phys.	1-6-72	D.
	NAME (Ty Rober t	R. Wright, 1	M.D.	2	3D. ADDRESS US PHS HOSPITAL	L, Baltimore,	Maryland	21211
24A	BURIAL CREA	AATION, 248, DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 24D. 1	LOCATION (City	, town, or county)	(Stote)
Re	em Buri		2 01	eander Memor	cial Gardens	Wilmingt	on,	N.C
25A				MENTRAD D	25G, FUNERAL DIRECTO			RESS
_	150-REV. 1/1/6	8			1 - 11903 Y	irk woad Ba	LLTO., IVI	1. 21212

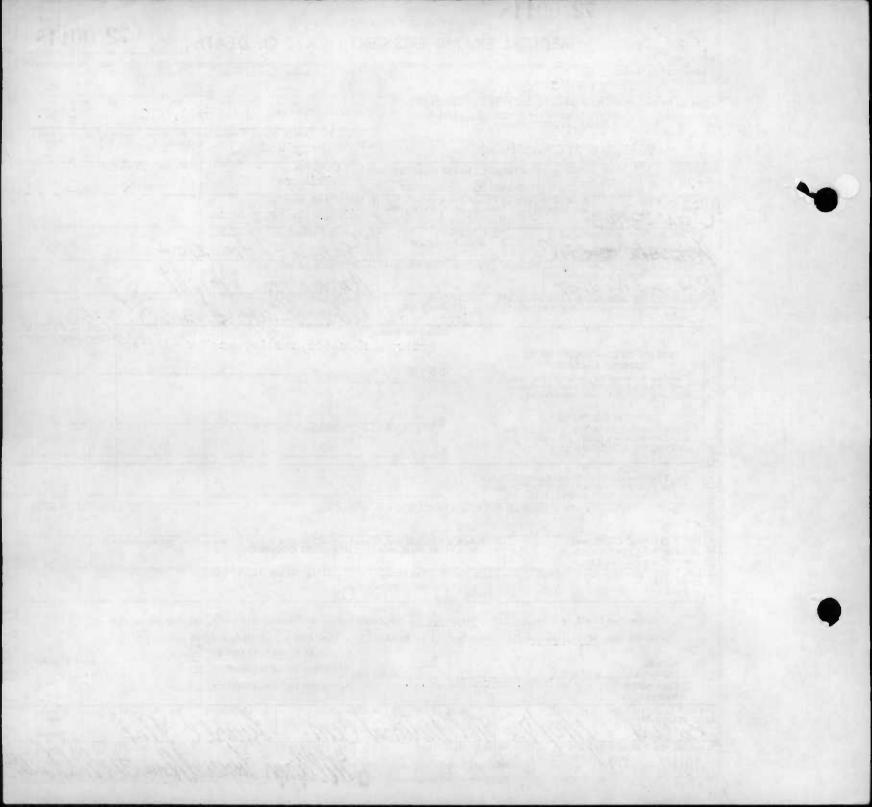
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egick emitting many in the second of
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

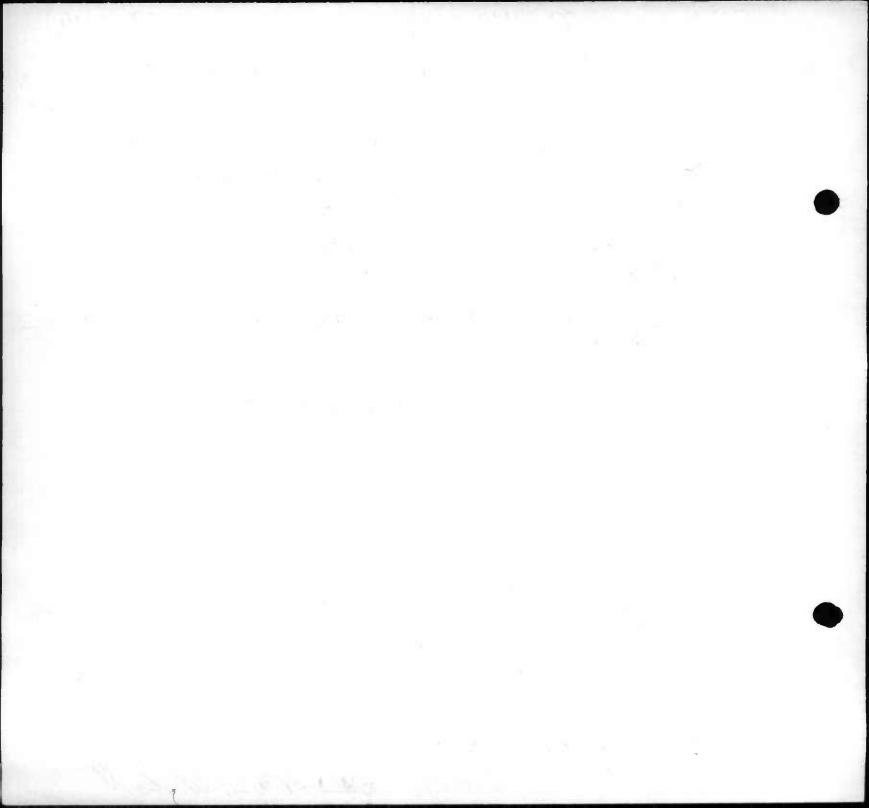
	1-220 72 001	4 7 BALTIMORE CITY	HEALTH DEPARTMENT					
81	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 130147			
	NAME OF DECEASED ype ar Print)	h 12	2. DATE AN	D HOUR OF DEATH	Ch			
3	PLACE IN BALTIMORE, MARYLAND, WHERE PR	PAKEE DEAD	Jax	1.5,1972	stitution: residence before semission)			
			A. SIAIE B. COUN	11	stitution: lesidence before obmission)			
_]] H	ULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?			
	University Hospital		Baltimore	D. 11431	YES NO T			
	30		E. STREET AND NUMBER	CA	A 3 1			
5	SEX 6. RACE (7. ASAD)			Kington SI.	ApT 6			
	M Bobred WIDO	WED DIVORCED	10-2-01	9. AGE (In years last birthday)	If Under 1 Ye. If Under 24 Hrs. Months Days Hours Min.			
do	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even it retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar farei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
	Panting lot Attent			Sic	1			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	1			
1	tred tyres		Nellie	Wrigh				
(Y.	Was Deceased Ever in U.S. Armed Forces? es, no or unknown) (If yes, give war at dotes of serv	Ice) SECURITY NO.	17- INFORMANT	, , , , ,	ADDRESS			
	100	215-05424	HILARLYK	OS				
	18.410,71	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- Hyport	Ra. No.				
	(This does not mean the mode of dying, heart failure, osthenia, etc. It means the dise	e.g., (A) IMMEDIATE CAU	CONSEQUENCE OF:	Brain Dan	in Tweek			
	injury or complication which caused death.	ose,						
	ANTECEDENT CAUSES	(B)	Ventraler	Elmileti	- I week			
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	_ ^ ^				
	UNDERLYING CONDITION last.	(c) HC	te Myscardia	2 Inford	ia I week			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE							
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL						
FIC	19A DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED			
CERT	0	lose of the second						
AL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B PLACE OF INJURY (e.g., in hame, farm, factory, street, office)	ce bldg., INJURY OCCUR?	(if In Baltimare	City, give exact lacation)			
IIO	21D-TIME (Manth) (Doy) (Year) (Hour)	21E INJURY OCCURRED	215 110 110 110 110 110 110 110 110 110 1					
MEDI	OF INJURY	While At Not While	21F. HOW DID INJU	IRY OCCUR?				
		Work L. At Work						
	22. I certify that (I) (this hospital) ottended the deceosed from 19 1 to 19 10							
	that (1) (we) last saw the deceased alive on							
and have and from the causes stoted abave. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED								
	Stephen hearly	Atten	ding Med. S	itaff ica	15/12			
	23C. PHYSICIAN'S NAME (Type)	DEOREE	D. ADDRESS	hys	19()2			
	Stephen Greenberg	,	University	HOSPY				
24	A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CREA		CATION	Town) of county) (State)			
1	Survay //8/72	Ilt Calking	1 (em. 15	alla.	1/1/			
25/	A. DOTE REC'D BY HEALTH DEPT 258, NA	ME OF REGISTRAR	256 MINERAL DIRECTOR	111	ADDRESS /			
Ve	150-REV. 1/1/68	20. 200	Mallans Tu	Kerd Irona	314 11- Solverdas			





This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	4-620 72 00149 BALTIMORE CITY HEALTH DEPARTMENT 72 00149
	CERTIFICATE OF DEATH REG, NO.
1	I. NAME OF DECEASED ())
	(Type or Phint) RICE, BERNIARD 2. DATE AND HOUR OF DEATH 3.56
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
1	A. STATE B. COUNTY
ı	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Ш	D. INSIDE CITY LIMITS?
Ш	LUTHERAN STOSPITAL OF MARYLAND BALLIMORE MO YES NO ! YES NO!
П	4-6
	5. SEX 6. RACE 17. MARRIED TANKS WAS A DATE OF SHAPE
-11	MARKIED NEVER MARRIED NEVER MA
Ш	WILL THE SING. WIDOWED DIVORCED 3-8-16 55
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Machine Openator Pisch Ild.
	13. FATHER'S NAME
I	Pahant Palan
	5. Wos Deceased Ever in U. S. Armed Forces? [1 6. SOCIAL 17. INFORMANT ADDRESS
	Yes, no or anknown) (If yes, give war or doles of service) 16. SOCIAL SECURITY NO.
	Jes 18 W. 2 2/5-03 2160 LOUNING Smith Box 135 Pilah Ahd.
	18. 4 3 1 CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	The state of continue breeze
	(This does not meen the mode of dying, e.g.,
	heart failure, asthenia, etc. It means the disease.
	injury or complication which caused death.)
I	ANTECEDENT CAUSES (B) STYPERTENTION
I	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the
1	UNDERLYING CONDITION lost, (C)
$\ $	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
1	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	IN CERTIFYING CAUSES OF DEATH?
	109 CONTRIBUTE OF THE O
	DEATH (notify medical examine) etc.)
	21D-TIME (Month) (Doy) (Yearl (Hour) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR?
Ш	[APPROAD
	22 1 coalfu de a (MGs) - 1 a vi V vi de la vi V vi V vi de la vi V vi V vi de la vi V vi
	,
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED
II	A Cau Arending Med. Soff Phys.
1	23C. PHYSICIAN'S DEGREE 23D. ADDRESS PAN STOCKITH OFM
	HALL HALL STEEL TO BE CT
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME, of CHMETER OF CREMATORY 24D. LOCATION (City poly or county) (Stote)
	REMOVAL (Spirity) (City to the or county) (Stote)
2	SAL DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 225C. FUNERAL DIRECTOR
	JAN 7 1972 Rege 8 32 2 0 25G FUNERAL DIRECTOR ADDRESS
L	5 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.

written approval must be obtained before the remains are embalmed or final disposition is made.

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Such

BALTIMORE CITY HEALTH DEPARTMENT

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IRTH NO.	72 1)(150	CERTIFICA	TE OF DEATH	REG. NO	** 001200	
NAME OF DE					AND HOUR OF DEAT	н	
Type or Print)	EGNER, Edgar G			1	-6-72		
	ALTIMORE, MARYLAND, WH	ERE PRONO	UNCED DEAD	4. USUAL RESIDENCE		institution: residence before admission)	
FULL NAME OF HOSPITAL OR NSTITUTION V	f (IF NOT IN HOSPITAL ADDRESS OR LOCAT Teterans Adminis	or institution)	on Hospital	Maryland c.city or town Baltimore	BAL)	ISIDE CITY LIMITS? YES NO NO	
773	3900 Loch Raven Baltimore, Mary	Bouler	vard	E. STREET AND NUMBE		21234	
. SEX				3038 Woodsi	9. AGE (In years	1 11 11 -1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Male	Caucasian	WIDOWED	NEVER MARRIED DIVORCED	7-23-08	lost birthdoy)	Months Days Hours Min.	
one during most of Floor Co	0	OB. KIND OF	BUSINESS OR INDUSTRY	B altimore,	Maryland	12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME		
	ed Ever in U. S. Armed Force		16. SOCIAL SECURITY NO.		Hospital Reco		
Yes	3-9-44 to 8-1	28-45	219-20-85-12				
DISE.	ASE OR CONDITION DIRE	CTLY	CAUSE OF DEAT		0-13	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
heart lailure	(A) IMMEDIATE CAUSE Respiratory failure (B) IMMEDIATE CAUSE Respiratory failure (B) IMMEDIATE CAUSE Respiratory failure (C) IMMEDIATE CAUSE Respiratory failure (B) IMMEDIATE CAUSE Respiratory failure (C) IMMEDIATE CAUSE RESPIRATORY failu						
rise la	ANTECEDENT CAUSES OR CONDITIONS, ii at the abave cause (A) is NG CONDITION last.		(B) Carcino DUE TO, OR AS	ma of the lun a consequence of:	g	12 months	
TO THE DE	II VIFICANT CONDITIONS CON ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	TERMINAL					
19A. DATE	OF OPERATION 198. COND	or No. 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?				
OR CONTRI	DENT WAS UNDERLYING DEUTING CAUSE OF	218 hom etc.	PLACE OF INJURY (e.g., i ne, lorm, factory, street, of	n or obout 21 C. WHERE DI	D (If in Boltim	ore City, give exact location)	
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED ILL At Work		INJURY OCCUR?		
	fy that 🗘 (this haspital)	attended t	he deceased from Ja	muary 5,		nuary 6, 19 72	
that (we) last saw the deceased alive an January 6, 1972 and that in (aur) apinian death account and from the couses stated above. (N (We) (did) (NIA) view the body after death.							
23A. SIGNA		00000				238, DATE SIGNED	
Cen tro	in Conzules	- \Ce-	DEGREE Phy		Staff X Phys. X Loch Raven	1/6/72	
NAME	ANTONIO GONZA:	LEZ-REV		3900	timore, Mary		
Burial Cl	REMATION 248 DATE		Dilany V		Balle Ma	City town, or county) (State)	
SA. DATE REC'	D BY HEALTH DEPT.	SB. NAME C	OF REGISTRAR	250 FUNERAL DIREC	TOR PASS	A DDREST	

FUNERAL DIRECTOR

ESB. NAME OF REGISTRAR

The second secon

the state of the s

Bernet : Jan apr. William William Belling

NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial 1-8-1972 Mt. Auburn Cemetery Maryland Baltimore 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS NUTTER FUNERAL HOME 3035 W. NORTH AVE VS 151-REV. 1/1/6B

total section present the section of
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT	2 00152
	D-200 72 00152 CERTIFICA	TE OF DEATH REG. NO.	
- 11	I, NAME OF DECEASED Type or Printl	2. DATE AND HOUR OF DEATH	1/11/
-	DIX, WIEC	7.30 pm	1/4/72 M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution a STATE B. COUNTY	n: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	MO BALTIMORE	1701
	LINIVERSITY of MD.	C. CITY OR TOWN D. INSIDE CIT YES	
3	BAITIM	E. STREET AND NUMBER	Y NOL
	S. SEX G. RACE 7. MARRIED TO MARRIED TO THE PARTY OF THE	675 W. Frankl	in SE.
	MARKIED W NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If U Mont	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
1	IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country)	CITIZEN OF WHAT COUNTRY?
	In the during mast of working life, even it retired) CONSTRUCTION	PARELEU VA	A S-A
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	74,0,76,
11	HENRY DIX	LULA WHI	TE
1	5. Was Deceased Ever in U. S. Armed Ferces? Yes, no or unknown) (II yes, give wor at dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
	NO 218-18-8750	MARY DIX 675 W. FR	ANKLIN AT
	18.250.91 CAUSE OF DEATH	ISACTIM	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	STROKE-CVA	71000-
	IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	CONSEQUENCE OF:	/ wares
	ANTECEDENT CAUSES ATTACH	ROSCIEDACIE	Many years.
	DISEASES OR CONDITIONS, il any, giving	A CONSEQUENCE OF:	
	rise to the above cause (A) stating the UNDERLYING CONDITION tast.	BETES	8 years
11.			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A ACCIDENT WAS UNDERLYING TO THE PLACE OF INJUNY (A).	L FAILURE	3 days
	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	SS CONSIDERED
	TO TEACE OF INJURY ISSUED	or about 21 C. WHERE DID Alf In Relationers City	
	OR CONTRIBUTING CAUSE OF hame, farm, factory, street, affi	or about 21 C. WHERE DID (If In Beltimore City, a linium or City,	Sine exact location!
	21D. TIME (Month) (Day) (Yeed (Haud 21E INJURY OCCURRED Willow)	21F. HOW DID INJURY OCCUR?	
1	(APPROX.) While At Work At Wark		
	22. I certify that (1) (this hospital) attended the deceased from	11/2/ 197/10	4 19 72
	ond hour and from the couses stated above. (1) (We) (did) (did nat) vi-		
	ATE SIGNED		
	23C. PHYSICAN'S GEGREE Phys.	Med. Staff Director Phys. D	114172
	PAUL EAST	U.J. Mo. Hooptas	
2	REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OF CREA		ar county) (State)
2	Burial 1-8-1972 Mt. Auburn Ceme	baltimore	Maryland
1	JAN 7 1972 Tabel E. Jabes A.D.	25C. FUNERAL DIRECTOR NUTTER BUNERAL HOME 3035	ADDRESS
I L	150-REV. 1/1/68		

Hale trees

The state of the s

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made; approved by the chief medical examiner or his assistant if death occurred in

This certificate must be

VS 150-REV. 1/1/68

a hospital and

	J-520 72 0	LA PO	HEALTH DEPARTMENT	72 11/150
B	INTH NO.	CERTIFICA	TE OF DEATH	
	(vpe or Print)		2. DATE AND HOUR OF DEATH	
3	James L. Jo:	The state of the s	1/6/1972	15.20 A.M.M.
1	TARGETT BALLWARD, MARIEARD, W	THERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence before admission)
1 2	FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCATION)	AL OR INSTITUTION, GIVE STREET	C.CITY OR TOWN D. INS	SIDE CITY LIMITS?
	CHURCH HOME	1 - 0	HANOVER.	YES NO
4	100	N. Broadwas	E. STREET AND NUMBER	
	4 Hospital.	BALT; MORE	Box 39B Wrights Road	6
N	sex 6. RACE	7- MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 41	If Under 1 Yr. II Under 24 His. Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work	108 KIND OF SHEINESS DE INDUSTRY	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	one during most or working life, even if refired)	Defense	Virginia	USA
13	FATHER'S NAME	Detense	14 MOTHER'S MAIDEN NAME	Q3A,1
	William Jones		Rosa Miller	
10			Vis The Control of th	
ด้	. Was Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give war or date		17. INFORMANT	ADDRESS
	yes Korean	229-26-324	7 Mrs. Laverna H. Jones	s Box 39B Wrights
	DISEASE OR CONDITION DIS LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. it means injury or complication which caused	dying, e.g., (A)IMMEDIATE CAU	ISE Not Agenite A CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, If of the above cause (A) UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS COIL TO THE DEATH BUT NOT RELATED TO THE	stoling the (C)	A CONSEQUENCE OF:	Unhanouen
CERTIFICATIO	DISEASE OR CONDITION GIVEN IN PAR	DITION FOR WHICH OPERATION	20A. AUTOPSYS (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
EPT	WAS PERF		IN CERTIFYING CA	USES OF DEATH?
CALC	OR COMPRISION TO CAME	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	n or obout 21C. WHERE DID fif in Boltimon ince bldg., INJURY OCCUR?	e City, give exect location)
MEDI	OF INTILIAN	(Hour) 21E INJURY OCCURRED While At Not While At Work		
	22. I certify that (I) (this hospital that (I) (we) lost saw the decease ond hour and from the causes stated 23A. SIGNATURE	d olive on		nion death occurred on the date
	23C. PHYSICIAN'S	DEGREE Phys.	Med. Sheff Director Phys. 2	1.6.72
	NAME (Typel SATPAL	SINGH.		spitel.
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (C	ly, town, or county) (State)
25	Burial 1-10-19	972 Carver Memoria		Maryland
	JAN7 1972 Page 8	362728 C 0	NUTTER FUNERAL HOME	ADDRESS 3035 W. NORTH AVE

NUTTER FUNERAL

3035

W.

HOME

NORTH

AVE.

No. of the Contract of the Con

BALTIMORE CITY HI	EALTH DEPARTMENT						
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO. 72 00154						
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.						
1. NAME OF DECEASED (Type or Print) F1: Rahoth Chaham	2. DATE Knawn 🖺 Month Doy Year Haur						
(Type or Print) Elizabeth Graham	OF DEATH Estimoted 1 6 72						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 1 6 72 4:05 p. M.						
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence befare admission)						
Provident Hospital	A. STATE B. COUNTY 1303						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
female Negro WIDOWED DIVORCED	Balto. YES ₺ NO □						
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs	. IE. STREET AND NUMBER						
7-8-1905 last birthday) Months Doys Haurs Min.	1202 Whitelock Street						
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
WHAT COUNTRY?							
Virginia 14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Farmer Willis						
done during most of working life, even if retired)							
Housewife Home 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	? Bayton 18. INFORMANT APPRESSIGN O And						
[[(Yes, na or unknown)](It yes, give war or dates at service) SECURITY NO.	Bulluing & Apt						
	30 Mr. William A. Graham 203 Duke of Wi						
19. 4/2. 2 1 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN SOUT AND MALLY.						
DISEASE OR CONDITION DIRECTLY Hypert	ensive and arteriosclerotic cardipvascular						
LEADING TO DEATH (A)IMMEDIATE							
heart tailure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:						
injury ar complication which caused death.)							
ANTECEDENT CAUSES (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:						
I UNDERLYING CONDITION LAST							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)						
0	no						
22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.	, In or about 22C. WHERE DID (If in Saltimore City, give exact lacation)						
S THE STATE OF THE	ice bldg., etc.) INJURY OCCUR?						
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E.1NJURY OCCURRED	22F. HOW DID INJURY OCCUR?						
OF INJURY WHILE AT NO	T WHILE [7]						
m. WORK AT	WORK L						
I certify that I held an Inquiry Inspection XX A	utapsy and that on this basis, death In my apinion						
	de Hamicide Undetermined manner						
	CHIEF MEDICAL EXAMINER						
ACTUAL ASSISTANT MEDICAL EXAMINER XXXX							
SIGNATURE AS INC.	1/7/72						
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER L						
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)						
REMOVAL (Specify)							
	morial Park Baltimore Co., Maryland						
25A. DATE REC'D BY HEALTH DEPT. 255 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
JAN 7 1914	NUTTER FUNERAL HOME 3035 W. NORTH A						

VS 151-REV. 1/1/68

The state of the s . . . teath a sectartity sign 2 Maghen COTHER POR NY HILLIAM A. GEORGE SET THINK O

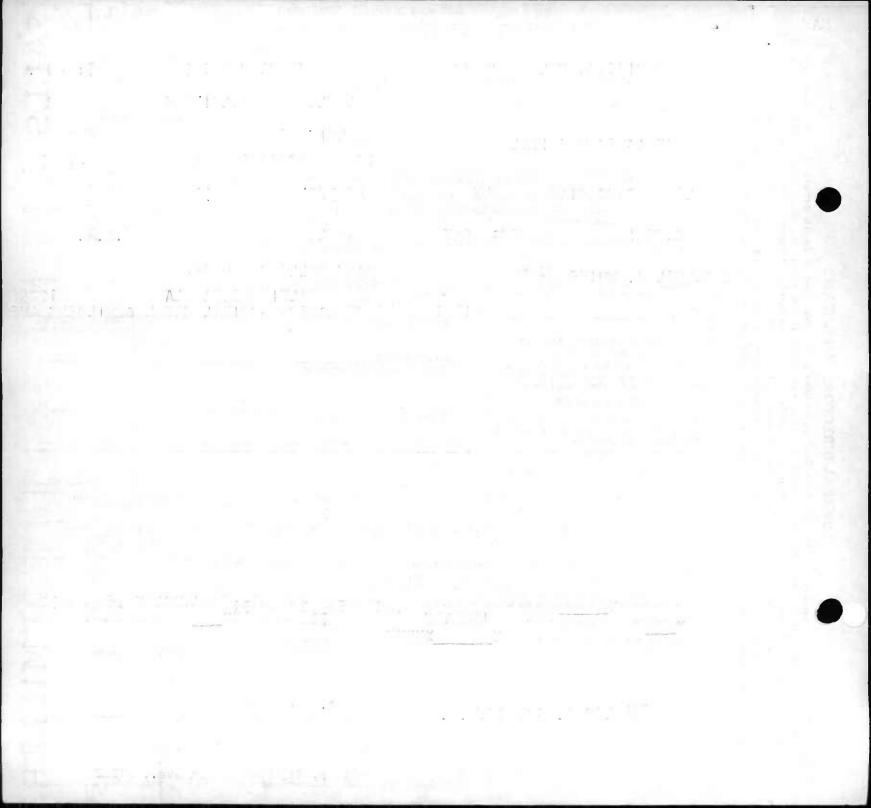
and the state of the content of the state of

internation of the period to the control of the con

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	2-655	1045E	BALTIMORE CITY	HEALTH DEPARTMENT		72 00155
BI	RTH NO.	00155	CERTIFICA	TE OF DEATH	REG. NO.	74 NULL)
	NAME OF DECEASED					
	pe as Printl . ANGELK	BROEN	JING (Angela	M. Broening	7/72	11:59 1
3.	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	Where docoased lived. If in	stitution: residence before admission
FL H	ILL NAME OF OSPITAL OR ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	ID INIC	IDE CITY LIMITS?
1	+8 Md GEN	hora		BAUT	D. 11431	YES TO NO T
	Maryland General H	Hognin		E. STREET AND NUMBER	Charle	
5.	SEX 6. RACE	I m	Datester and annual 773	8. DATE OF BIRTH		
	FW	WIDOWED	DIVORCED	8/17/1898	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind al wor e during mast of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
11	teacher	Baltimo	re City	Maryland		USA
13.	FATHER'S NAME	P-04- 0-2140	20 0203	14. MOTHER'S MAIDEN	NAME	USA
	Late Jacob Broen:	ina		Tota Mores V		
15.	Was Deceased Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	Late Mary K	ney	
(Yo	s, no or unknown) (If yos, give wor or dok	os of service)	SECURITY NO. 218-32-8148		e. 813 Branfo	rd Circle 21093
	18. 4 / /		CAUSE OF DEATH		o, oi, blainto	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DE	RECTLY		A A	0	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAU	" Misseall	Il defauter	
	(This daes nat mean the made of heart failure, asthenia, etc. It means injury ar complication which caused	the disease	DUE TO, OR AS	CONSEQUENCE OF:	(U) D	
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:					
	rise to the above couse (A) UNDERLYING CONDITION lost	slating the	(C)	A CONSEQUENCE OF:		
	11		(0)			
ATION	OTHER SIGNIFICANT CONDITIONS CO	HE TERMINAL				
U	DISEASE OR CONDITION GIVEN IN PAR	DITION FOR V	VHICH OPERATION	120A. AUTOPSY2 (Yes or	Noll 200 IS vee week	TAIDING CONCERNS
ERTIFI	WAS PER	FORMED		No	No. 208, IF YES, WERE F	ISES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. homeic.)	e, farm, lactory, street, off	or about 21C. WHERE DID	(If In Boltimore	City, give exact locotian)
	21 D. TIME (Month) (Day) (Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
×	OF INJURY (APPROX)	Whi	le Al D Not While			
	22. I certify that (1) this hospital) attended th	e deceased from	7/72	19 72 ta 1/	7/72 19
	that (1) (we) last saw the decease	d alive an	Y7/12	19 7 2 and	that in (my) (aur) apin	lon death accurred an the date
	and haur and fram the causes stat	ed abave.	(We) (did) (did nat) vi	ew the bady after deatl	1.	
	23A. SIGNATURE	40 11	0			23B, DATE SIGNED
	23C BHYCICIANTS	lug in	DEGREE Phys.	ding Med. Director	Staff Phys.	
	23C. PHYSICIAN'S NAME (Type) BAYANI B	FLA	14 M.P. 2	5355 Carin	se Ct Ba	et ill
24A	BURIAL CREMATION, 248. DATE REMOVAL (Specify)		ME of CEMETERY OF CREA		LOCATION (City	(, town, or county) (State)
E	urial 1/10/72	Ne	w Cathedral	R	altimore, Mar	•
	DATE REC'D BY HEALTH DEPT.	258 NAME O	F REGISTRAR	25C. FUNERAL DIRECT	or Light Light	ADDRESS
J	AN 10 1972 VAGAGE	Ash Paris	WE O O	Witzke, 3630	Edmondson A	
VS '	50-REV. 1/1/68					

BALTIMORE CITY H	HEALTH DEPARTMENT	Onten
W-300 CERTIFICAT	E OF DEATH REG. NO.	00156
BIRTH NO. I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
WHITE SAMUEL JAMES	JANUARY 6.1972	7.00 PM
	6. USUAL RESIDENCE I Where deceased lived. If institution; te	sidence before admission)
	MARYLAND BALTIMORE	5200
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN DAL I MURE	MIL25
INSTITUTION	BALTIMORE YES	NO
L-O ST AGNES HOSPITAL	E. STREET AND NUMBER	
	1502 DORCHESTER ROAD	21207
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 6	DATE OF BIRTH 9. AGE (In years If Under	1 Yr. If Under 24 Hrs. Days Hours Min.
MALE CAUCASIAN WIDOWED XX DIVORCED	03/27/94 lost birthdoyl 77	Days Hours Iville
TOA USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
done during most of working life, even if refired) CAPTAIN TUG BOAT	MARYLAND	1 C A
	4 MOTHER'S MAIDEN NAME	J.S.A.
(2-4-)	MARY SOLIFRS (Late)	
	MARY SOLLERS (Late)	ADDRESS
15. Wes Deceased Ever in U. & Armed Forces? (Yes, no or unknown) Uf yes, give war or dates of service) 16. SOCIAL SECURITY NO.	BALTIMORE, MARYLAND	21229
NO 214 12 4846	ST AGNES HOSPITAL CATON &	WILKENS AVE
18. 445 11 + 230 4 CAUSE OF DEATH	(6	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Ordback		48 hrs.
(A) IMMEDIATE CAUSE	CONSEQUENCE OF:	10 1000,
heart failure, asthenia, etc. It means the disease, injury or compilcation which caused death.)	CONSEQUENCE OF	
ANTECEDENT CAUSES	grene flower extremities	2 mm. Hos
(B) (B)	CONSEQUENCE OF:	2 MIONSON
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A rise to the above cause (A) stating the	Bounded of the	
UNDERLYING CONDITION lest. (C)		
	0 37 10:4	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	otes Mellitus	yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199-A DATE OF OPERATION 198-CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 1218-PLACE OF INJURY (e.g. in 1)	20A. AUTOPSYZ (Yes or No.) 20B. (F YES, WERE FINDINGS	CONSIDERED
E 1/29/71/12/31/71 WAS PERFORMED Lags	20A AUTOPSYT (Yes of No.) 20B, (F YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	DEATH?
21A. A CCIDENT/WAS UNDERLYING [21B. PLACE OF INJURY (e.g., In.	or about 21 C. WHERE DID (It in Boltimare City, give	exact location)
OR CONTRIBUTING CAUSE OF home, form, factory, street, office DEATH (notify medical examines)	e bidge (NJURY OCCUR?	
	21F. HOW DID INJURY OCCUR?	
While At Not While		
WORK Said AT WORK		70
	TOBER 28 1971 to JANUARY	6 19 72
that (1) (we) last saw the deceased alive on JANUARY 6	19 72 ond that In(truy) (our) opinion dect	h occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did Not) Vie		
23A. SIGNATURE		E SIGNED
Attence Phys.	ling Med. Staff Phys.	16/12
	D. ADDRESS	
CHADITO D CHAVEY H D	St. Agnes Hospital	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	AATORY 24D. LOCATION (City, town, o	r countyl (State)
REMOVAL (Specify) Daniel 3 1/10/72 London Ports Compto	Dalt imana Wannel	and
Burial 1/10/72 Loudon Park Cemete	ery Baltimore, Maryl [25C. FUNERAL DIRECTOR	ADDRESS
		4000
JAN 1 () 1972 1666 4. 40 Bet 12 ()	Witzke, 1630 Edmondson Ave., 2	1228



BALTIMORE CITY HEALTH DEPARTMENT use of death (5) Deceased CERTIFICATE OF DEATH al and death Such 1. NAME OF DECEASED Atkinson, 2. DATE AND HOUR OF DEATH Welder (Type or Print) O hospital MIMSOM death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission A. STATE

B. COUNTY attendance CGUSB FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause; 0 10 C. CITY OR TOWN D. INSIDE CITY LIMITS? CHITIMOVE = YES Z NO [prior contributing E. STREET AND NUMBER occurred Undetermined made. regular 5. SEX 6. RACE 7- MARRIED 8. DATE OF 9. AGE (In yeers NEVER MARRIED Il Under 1 Ys. If Under 24 Hrs. Menths! Days Hours! Min. deceased WIDOWED 7 DIVORCED 7 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA isposition 12. CITIZEN OF WHAT COUNTRY? dene during most of working life, even if refired) 2 ō W.S.H Ment SD 13. FATHER'S NAME direct 14. MOTHER'S MAIDEN NAME 3 3 assistant eath LO D kind: 15. Wes Decessed Ever in U. S. Armed Ferces? (Yes, ne or unknown) (If yes, give wor or detes of service) 6. SOCIAL 17. INFORMANT final ADDRESS SECURITY NO. attendance 200 D 218-05-1252 any pronounced 10 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 90 embalmed LEADING TO DEATH A fracture (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. it means the disease, examiner regular injury or complication which caused death.) ANTECEDENT CAUSES who DISEASES OR CONDITIONS, if ony, giving CONSEQUENCE OF: 3 rise to the obove cause (A) stoling the physician remains UNDERLYING CONDITION last MOS any nature; (2) Body burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY le.g., in or ebout 21C. WHERE DID home, ferm, fectory, street, office bidg., INJURY OCCUR? (If In Boltimore City, give exact lecetton) to the hospital °N MEDICAL DEATH (notify medical exemined obtained 21 D. TIME (Month) (Dey) (Year) Houd 9 21 & INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? roved (except Net While While Al IAPPROXI and Work At Werk 22. I certify that (I) (this hospital) attended the deceased from pe that (I) (we) last saw the deceased alive on and that In(my) (our) opinion death occurred on the date An accident of hospital death) the body was released shows: (1) An accident must and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B, DATE SIGNED Attending | 0 Med. Staff Phys. approval Phys. Director O 23C. PHYSICIAN'S NAME (Type) deceased prior written approv 23D. ADDRESS at 0 was D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tewn, or county) (State) 1/11/72 Moreland Memorial Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Witzke, 4630 Edmondson Avenue 21228 VS 150-REV. 1/1/68

Such (4) Undetermined cause; (5) Deceased a hospital and Also, if the direct or contributing cause of death death. attendance 0 the chief medical examiner or his assistant if death occurred or final disposition is made. regular death An accident of any nature; (2) Body burns; (3) A fracture of any kind; pronounced the remains are embalmed examiner. regular Who physician (6) No physician was written approval must be obtained before the body was released to the hospital by (except where approved by and deceased prior to death); at a hospital This cortificate must be was D.O.A. shows: (1)

23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)

VS 150-REV. 1/1/68

-	2 -	// 29 not	50	BALTIMORE CITY	HEALTH DEPARTMENT	770	00158
BIR	TH NO	16 72 001	30	CERTIFICA	TE OF DEATH	REG. NO.	THULLOG
	AME OF DECE	ASED			2. DATE AN	D HOUR OF DEATH	
Тур	e or Print)	LOUISE	BUT	LER	4. USUAL RESIDENCE (Where	WUARY 8 1972	1 5:45 Am
3. 1	PLACE IN BALT	IMORE MARYLAND, WH	ERE PRONOU!	CED DEAD	4. USUAL RESIDENCE (Where	deceased lived. Il institution	residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPITAL	OR INSTITUT	TON GIVE STREET	MARYLAND		1307
HC N:	SPITAL OR	ADDRESS OR LOCAT	ON)		C. CITY OR TOWN	D. INSIDE CIT	LIMITS?
4	h	1 (Sec. 1	1 . 2 01		YES D	NO 🗌
-	UNIO	N MEMOR	AZ H	cospilar	E. STREET AND NUMBER		
				7	3939 Rol	LAND AVENUE	
. 5	EX	6. RACE 7.	MARRIED	NEVER MARRIED		ost birthdoy) Month	der 1 Yr. Il Under 24 Hrs.
I	EMME		MIDOWED		1-18 86	83	
OA ORI	. USUAL OCCU e during most al w	PATION (Give kind of work)) orking life, even if refired)	B. KIND OF I	TION IST	11. BIRTHPLA CE (Stole or foreig		ITIZEN OF WHAT COUNTRY?
	RE	TIRED	POLANd	View Towers	MARL	CAND	USA.
3.	FATHER'S NAN	NE 3			14. MOTHER'S MAIDEN NAM	-	
	J	AMES RE	ES		SARAA	SMITH	
5. \	Wos Deceased	Ever in U. S. Armed Force (Il yes, give war or doles	2 11	6. SOCIAL	17. INFORMANT		ADDRESS
	yno ot onknown.	in yes, give war or doles		SECURITY NO. 579-01-8817	Mrs. Louis Div	en, 13 Dutton	Avenue
	18.	2 4		CAUSE OF DEATH		., .,	APPROXIMATE INTERVAL
	DISEASI	OR CONDITION DIRE	CTLY				BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE CAU	BRONCHU	PNEUMONIA	
	(This does no	it mean the mode of disthenia, etc. It means th	ying, e.g.,	DUE TO, OR AS A	CONSEQUENCE OF:		*****************************
	injury or comp	lication which caused d	eath.)				
	A	NTECEDENT CAUSES		(B) LEFT	CCABRAL A CONSEQUENCE OF:	THOMBOSIS	
	DISEASES OF	R CONDITIONS, if an	y, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING	above cause (A) s	lating the	(c)			
		11		(0)			***************************************
20	OTHER SIGNIFIC	CANT CONDITIONS CONT	RIBUTING	HVD	STENSION.		
[DISEASE OR CONDITION GIVEN IN PART 1 (A).			ET-16NGION.		***************************************		
	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING	S CONSIDERED	
21A. ACCIDENT WAS UNDERLYING 1 218 PLACE OF INJURY (e.g.,							
	OR CONTRIBUT	ING CAUSE OF	home.	larm, foctory, street, affi	or obout 21C. WHERE DID	(If In Boltimore City, g	alvo exact location)
21		medicol examined	etc.)				
21D.TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED					21E HOW DID INJU	RY OCCUR?	
	(APPROXI		While	At Not While At Work			,
22. I certify that (I) (this hospital) attended the deceased				deceased from	2/20/11 15	1/8	/)/ 10

that (1) (we) last saw the deceased alive and that in (my) (aur) opinion death accurred on the and have and from the causes stated above. (1) (We) (dld) (did not) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED

Attending Phys. Med. Director Stoff Phys. 23D. ADDRESS 24C. NAME OF CEMETERY OF CREMATORY (City, town, or county) (State) 1/10/72 2 Woodlawn Cemetery Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS Mitzke, 630 Edmondson Ave., 21228

FERME WAIR X 1.18-86 STAN AIREST AND AIREST

Such This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

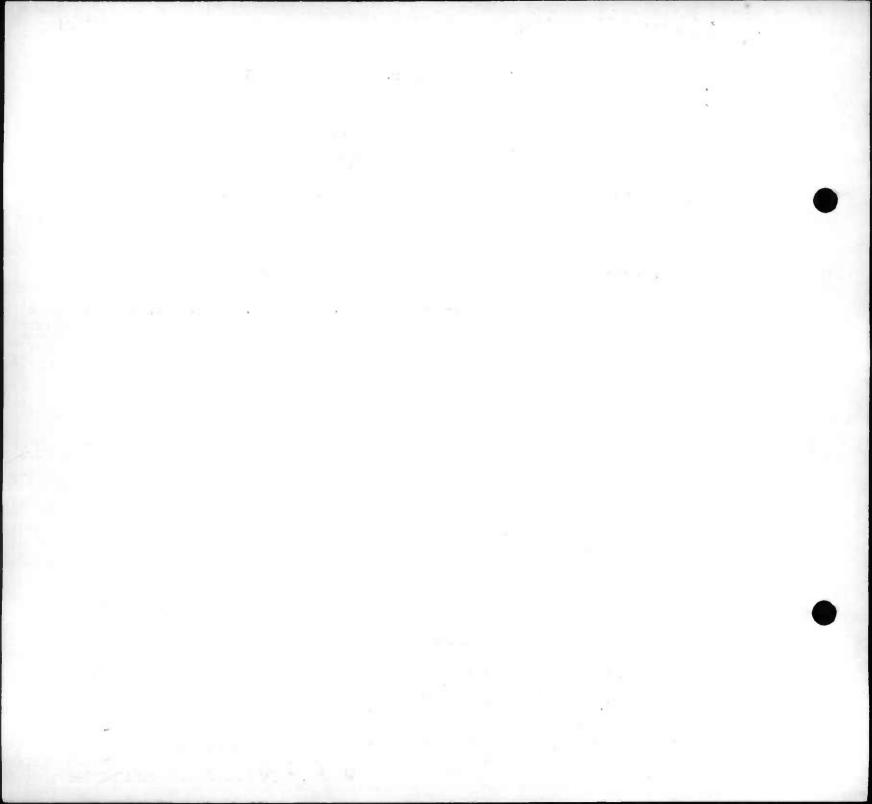
	111 -		0159	BALTIMORE CITY	HEALTH DEPARTMENT	1	70 00156
В	RTH NO.	0	10109	CERTIFICA	TE OF DEATH	REG. NO	72 00159
	NAME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH	
		Willi		Woods Sr.		1/5/72	1
3,	PLACE IN BAL	TIMORE MARYLA	ND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (WH	ere deceased lived. If in-	stitution: residence before admission)
II H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN I	HOSPITAL OR INSTITUTE LOCATION)	TUTION, GIVE STREET	Md c. City or town		2834 DE CITY LIMITS?
II.	111	Lutheran	Hospital		Baltimore		YES X NO
	46		OSDICAL		e. STREET AND NUMBER 616 Cooks Las	ne	
11 .	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
11	Male	White	WIDOWE		5/30/1898		1.003
do	ne during most of t	JPATION (Give kind working life, even if n	of work 10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
	retired		Million II		Maryland		USA
13.	FATHER'S NAM	ME			14. MOTHER'S MAIDEN NA	ME	
	John T.	Woods			Emma Guard	3	
15. (Ya	Wos Deceosed	Ever io U. S. Arm	ed Forces? or dotes of sorvice)	16. SOCIAL	17. INFORMANT		ADDRESS
		, , , , , , , , , , , , , , , , , , , ,		214-03-9903		G. Woods, Sr	., 616 Cooks Lane
	18.4/2	71		CAUSE OF DEATH	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITIO	N DIRECTLY		A 50	119	/0
	(This does no	of mean the mai	de of dvina ea	(A) IMMEDIATE CAU	SE /// ONSEQUENCE OF:		seers
	heori toilute,	asthenia, etc. It r plicalian which c	neans the disease	DOE TO, OR AS A	A CONSEQUENCE OF:		
		NTECEDENT CA					
			if any, giving	(B)	A CONSEQUENCE OF:		
	rise lo the	above cause CONDITION las	(A) stating the	(c)	A CONSEQUENCE OF:		
_		- 11					
ATION	ITO THE DEATH	CANT CONDITION H BUT NOT RELATED ONDITION GIVEN I	S CONTRIBUTING	****************			
CERTIFIC	19A. DATE OF	OPERATION 198.	CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
CERI	21A ACCIDEN	T WAS LINDEDLY	ING T	PLACE OF INVIEW			
CAL	DEATH (notily	T WAS UNDERLY TING CAUSE O medical examined	etc	RPLACE OF INJURY (e.g., In ne, farm, factory, street, off J	ice bldg., INJURY OCCUR?	(II In Bollimare	City, give exact location)
MEDI	OF INJURY	(Month) (Doy)		INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?	
5	(APPROX.)		W	nile At Work Not While	' □		
	22. I certify	that (1) (this hos	pital) attended t	he deceased fram	1200	19 10 ta D	terent 19
	that (i) (we)	last saw the dec	ceased alive on_	4/25	19 7 / and th	nat in (my) (aur) apini	Ion death occurred an the date
and have and from the causes stated obove. (1) (We) (did nat) view the bady after death.							The state of the s
	23A. SIGNATUR	IE I	1	1//			238, DATE SIGNED
	1	Wall	unus	After Phys.	nding Med.	Staff Phys.	1-6-72
	23C. PHYSICIAN NAME (T)	r's pel		4 2	3D. ADDRESS		
		Dr. Ed	gar Willia		5550 Baltimon	re National P	ike
24/	BURIAL CREM	AATION, 248, DAT	1E 24C.N	AME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City,	, town, or causely) (State)
	Burial	1/8	/72 Tor	raine Park Cem	otows Pol	timone Many	

B urial 1/8/72 Lorraine Park Cemetery Baltimore, Maryland

25A. DATE REC'D SY HEALTH DEET. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS

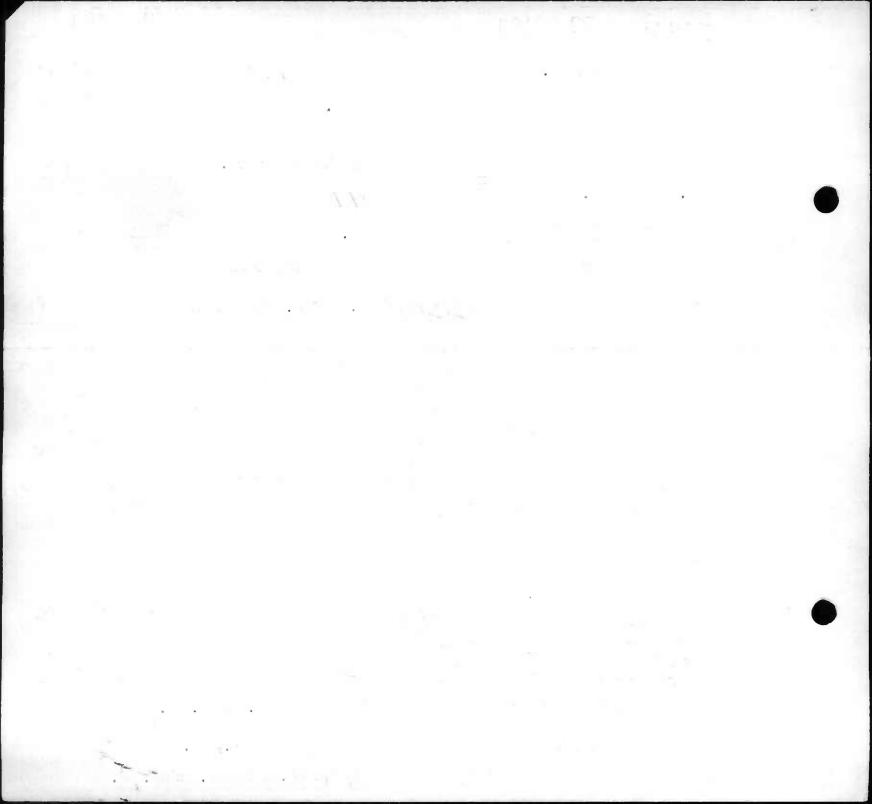
VS 150-REV. 1/1/68

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	F-163 72 0	0160		HEALTH DEPARTM		72	00160
Bi	MH NO.		CERTIFICA				
(1)	yame of Deceased pe or Printl Marie G	. Eifer	t	2. D.	ATE AND HOUR OF DEA	ATH	1 /2 P
3.	PLACE IN BALTIMORE, MARYLAND, V	VHERE PRON	DUNCED DEAD	4. USUAL RESIDENC	E IWhere deceased lived.	If institution:	residence before odmission)
FL	ILL NAME OF (IF NOT IN HOSPIT	TAL OR INST	TUTION, GIVE STREET	Md.			2744
in	DSPITAL OR ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D.	INSIDE CITY	LIMITS?
	A Long Green Nu	rsing H	ome	Ba ltimor	·e	YES X	NO
	70 2015 1001			53 10 Hol			
5.	F. 6. RACE	7- MARRIED	NEVER MARRIED	9/5/1893	9. AGE (In years lost birthday) 78	If Und Months	der 1 Ye. If Under 24 Hrs.
10/	LUSUAL OCCUPATION (Give kind of work					120.60	TIZEN OF WHAT COUNTRY
do	to during most of working life, even if retired) Housewife			Md.	or lotergy country,	US	
13.	FATHER'S NAME			14. MOTHER'S MAID			
	William Poplar			Sara	h Brown		
15.	Was Deceased Ever in U. S. Armed For s, no or unknown) (If yes, give wor or dote	rces?	1 6. SOCIAL	17. INFORMANT		-	ADDRESS
	no	s of services	SECURITY NO.	Mr. Carl J.	Lifert same		
-	18. // / 2 1		CAUSE OF DEATH	1			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DI	RECTLY					BETWEEN ONSET AND DEATH
	LEADING TO DEATH		CARACOLATE CALL	- dl - H	1) n. O 24	Le	1 2
	(This does not mean the mode of	dying, e.g.	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	C FELLOWS		
	heart failure, asthenio, etc. Il means injury or camplication which caused	death.)				٨	
	ANTECEDENT CAUSES		- Anda		- ite	1	34
	DISEASES OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	- · · · · · · · · · · · · · · · · · · ·	<u></u>	175
nise to the above cause (A) stating the							
	UNDERLYING CONDITION lost. (C) Lower Comments 1013						100
Z	OTHER SIGNIFICANT CONDITIONS CO	NITRIPLITING	1	01	7		11
15	TO THE DEATH BUT NOT RELATED TO T	HE TERMINAL		146	ures		10 gr
2	19A. DATE OF OPERATION 19B. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES. WE	RE FINDING	S CONSIDERED
CERTIFICATION	WAS PERI	FORMED			or No. 208. IF YES, WE	CAUSES OF	DEATH?
CAL CE	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	211 hor etc	B.PLACE OF INJURY (e.g., in me, form, foctory, street, oll 1.)	or obout 21 C. WHERE	DID (If In Bolti	imore City, gi	ve exoct location)
EDI	21D. TIME (Month) (Doyl (Year)	(Hourl 211	E INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?		
Z	OF INJURY (APPROXI	w	hile At D Not While				
	22 1						111
	22. I certify that (I) (this hospital		rne deceased from				19/2
	that (1) (we) last sow the decease					opinion de	ath occurred on the date
	and hour and from the causes stat	ed above. ((i) (We) (did) (did not) vi	lew the body ofter d	eoth.		
	Attending Med. Shaff Director Phys. Director Phys.						
	23 C.PHYSICIAN'S NAME (Typel	4	UEG KEE	3D. ADDRESS			1/21/2
	Conrad Ric	chter	MD	3128 Harfor	d d. Balto.	Md.	·
24/	BURIAL CREMATION, 248. DATE	24C. N	AME of CEMETERY OF CRE		24D. LOCATION	ICity, town,	or county) 1State)
	Burial 1/7/72		rdens of Faith				
254	DATE REC'D BY HEAVIN DEPT		OF REGISTRAR		Ba lto., Md.		A DDAESS
J	4N 10 1972 (MALA E.	Salabay	2000	Leonard V	. Ruck Inc. I	alto.	Address Md.
VS	150-REV. 1/1/68						

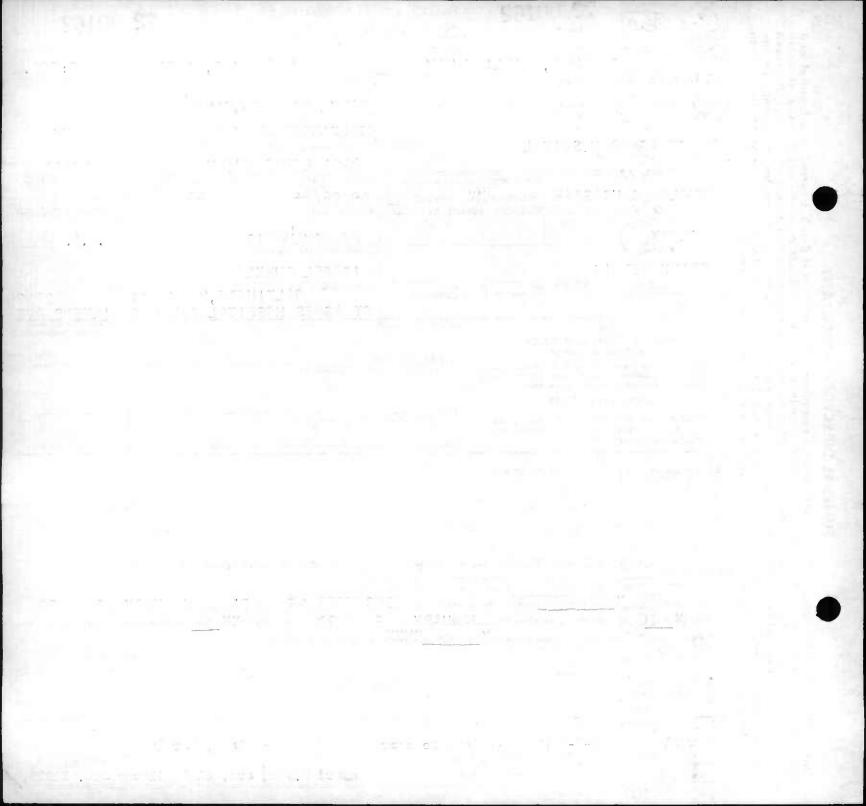


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1		n	W. C. C. C.	BALTIMORE CITY	HEALTH	DEPARTMENT		150	noter	
BHR)-32	2	W161	CERTIFICA	TE O		REG. NO		111111111111111111111111111111111111111	
	AME OF DEC			(D.	-71	2. DATE A	ND HOUR OF DEATH	1		
		DAIDAI	KIS, A	POSTOLOS (Pa	ul)		NUARY 6, 1	972	2	: 55 Pm.
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONG	DUNCED OFAO	A. STATI	L RESIDENCE (Wh	era deceased lived. If NTY	institution: m	esidence before	odmission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET		RYLAND	in IN	SIDE CITY L	IMITS?	+/
	HOHON	OT ACM		DITAL		LTIMORE		YES	No	
	40	ST. AGNE	: 5 HUS	PITAL	E. STREE	T AND NUMBER	EDI DADICI			•
F 4	1 P V	<u> </u>	19			05 NORTH			1214	04.14
5, 5		6. RACE		NEVER MARRIED	& DATE		9. AGE (in years last birthday)	Months:	Days Hours	ler 24 Hrs. Min.
	MALE	CAUCASIAN	WIDOWEL			15/99	172			
don	oduring most of the OWNER	working life, even I relired)	Res	taurant			reign country)		ZEN OF WHAT	
			-445-0-1	TOMP	1	HER'S MAIDEN NA		10.	S. CIT	ZEN
	FAURE'S NA ARTHUR	"sios DAIDAKIS					DAID	AKIS		
15.	Was Decoused	Ever in U. S. Armed For	ces?	1 & SOCIAL	17. INFO	MANT			ADDRESS	
(10:	no or unknown.	Uf yes, give was or date	is of services	216-09-3529	ST	. AGNES	HOSPITAL	RE COR	DS	
	18.	2.11		CAUSE OF DEAT					APPROXIMATE BETWEEN ONSET	
	DISEAS	SE OR CONDITION DE	RECTLY		0		1	_	DELMEEN ONSE!	AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE CAL	JSE C	remon	r. Lung	e		
	This does a	not mean the mode of	dying, e.g	DUE TO OP AS		UENCE OF:	7			
	injury or con	failure, asthenia, etc. It means the disease, or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES								
		ANTECEDENT CAUSES		40)			tases			
	DISEASES C	DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF:								
		ise to the above cause (A) stating the UNDERLYING CONDITION last, (C)								
		11		(C)						
HON	TO THE DEAT	II FICANT CONDITIONS CO THI BUT NOT RELATED TO T	HE TERMINAL							
CA	DISEASE OR C	ONDITION GIVEN IN PART OPERATION 1198 CON	TI (A).	WHICH OPERATION	1204	UTOPSY# (Yes or)	Voll 208, IS YES, WERE	ENDINGS	CONSIDERED	
CERTIFICATION	2	WAS PER	FORMED	WHICH OPERATION	2074	YES	10) 208, IF YES, WERI	AUSES OF	DEATH?	
MEDICAL CI	21A. ACCIDES OR CONTRIBL DEATH Incilia	NT WAS UNDERLYING DITING CAUSE OF medical examined	21 ha	BPLACE OF INJURY (e.g., ime, farm, factory, sheet, o	n or about flice bldg.	21 C. WHERE DID INJURY OCCUR?	(if in Boltim	are City, giv	e exact facation)	
EDI	21D. TIME	(Month) Day) (Year)	(Hous) 21	& INJURY OCCURRED		21F. HOW OID IN	JURY OCCUR?			
3	(APPROX.)			Thile At At Work					,	
				DE CEM	REP 27		NUARY	R 6 1	0 72	
		last sow the decease		LANILLA DV 6	19	72	that in (my) (our) of	ALEX IN IN IS		- unadand Minage
	ond hour an	d from the causes sta	ted above.	(1) (We) (did) (did not)	view the	body after death	•			
	23A. SIGNATU	3A. SIGNATURE 23B. DATE SIGNED								
	Daniel Date Attended					Med.	Staff Phys.	1-	-6-72	
	230. PHYSICIA	3C.PHYSICIAN'S 23D. ADDRESS								
	NAME ((ype)	7	(11)			CDITAL .DA	LTO M	D 21220)
24	(-01	mala L	· Vat	OF MIV. DEGREE			SPITAL; BA			
24/	REMOVAL	Specifyl		NAME OF CEMETERY OF CR				City, town,	or county!	(Stote)
	Burial	1/10/71	L Gr	eek Orthodox C	em.	Ba	a ltimore, M	.d.		
25	A. DATE REC'D	BY HEALTH DEPT.	1 1 mm 911	OF REGISTRAR		FUNERAL DIRECTO			A D-D RESS	
	JANI	D 1972 126de	El Jai	Beight B)	J.e	omard J.O	Ruck Inc. Ba	lto. N	ſd.	- 11
VS	150-REV. 1/1/	68								

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

2-656		HEALTH DEPARTMENT	REG. NO	72 00162
RTH NO. NAME OF DECEASED YOU OF PRINT! CREAMER, LIL		2. DATE	AND HOUR OF DEATH	
PLACE IN BALTIMORE, MARYLAND, WHERE PRO			here deceased lived. If i	institution: residence before admission)
ULL NAME OF (IF NOT IN HOSPITAL OR IN	TITUTION CIVE STREET	MARYLAND	BALTIMORE	5300
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	onto non, or to stage!	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
+D 100-		A ANDROXXXXXXXXX	RBUTUS	YES NO XX
TUST AGNES HOSPITAL		E. STREET AND NUMBER		
		4921 LEEDS	AVENUE	21227
	ED XX DIVORCED	09/06/83	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
A USUAL OCCUPATION (Give kind of work 108, KIND no during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
CLERK		PENNSYLVAN	l i ft	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	U.S.M.
FRANK WERNIG		ISABEL RUN	KIF	
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17 FAIFORALANIT		ADDRESS
es, no or unknown) (II yes, give war or dates of service	SECURITY NO.	BA LT	IMORE, MARY	YLAND 2122
NO	CAUSE OF DEAT	ISI AGNES HO	SPITAL CAT	ON & WILKENS AVE
DISEASES OR CONDITIONS, if any, given ise to the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	(c) H C1	a consequence of:	t des.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A-AUTOPSYT (Yes of)		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTINO CAUSE OF	21& PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID	(If In Baltimo	ore City, give exact lacotion)
21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID IN	IJURY OCCUR?	
22. I certify that (X) (this hospital) attende	d the deceased from	ECEMBER 25	19 7.1 ta JA	NIIARY 2 10 72
that () (we) last saw the deceased alive a				Inlon death occurred on the date
and hour and fram the causes stated abave				and the personed out the date
23A. SIGNATURE	- t-/ (may talay tala hat) V	iew the budy after death		238, DATE SIGNED
(/ Showtrass	4'S Atte	nding Med.	Staff A	1.3.49
23C. PHYSICIAN'S NAME (Type)	Le out i quelli	Director L	Phys. L.3	20.12
A. BURIAL CREMATION, 248. DATE 240	NAME of CEMETERY OF CRE	MATORY 124D.	LOCATION IC	ity, town, or county) (State)
REMOVAL (Specify)				
	Voodlawn Cemeter	W. 125C. FUNERAL DIRECTO	oodlawn, Mar	yland



U	0-45	0	MFD	ICAL	EXAMINER'S			DEAT	Н	10	00163
BIR	TH NO.		***************************************		EXT. COMMITTER O	CLICITI	C/ (IL OI	D = / ()	REG. NO)	
1. N	NAME OF DEC	EASED	JAME	S M.	WHELAN	2. DATE OF DEATH	Knawn 🔲	Month	Day	Year	Hour
4. P	LACE IN BALT	IMORE, M			ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour '
HOS	NAME OF	(IF NO	OT IN HOSPITA	L OR INST	ITUTION, GIVE STREET		INCED DEAD	1	3	1972	9:18 a _M
	00	19	930 Par	ks1ey	Ave.	A STATE	SIDENCE (When		B. COUNTY	in: residence i	582
6. S	EX	7. RACE		8. MARR	IED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?	
1	male	whi	te	WIDOW	ED DIVORCED		Balto	٥.		YES 🖺	NO O
9. D	ATE OF BIRTH	1	10. AGE (In	yeors	If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.		ND NUMBER				
	10-18-19			64	12. CITIZEN OF	1930	Parksley	y Ave.			16.15
11.	Maryla		igh caomity)		WHAT COUNTRY?	Mar		la _n			
14A.	USUAL OCCUI	PATION (Gi	ive kind af wark	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	S MAIDEN NA	ME			
	aintenar			McCor	mick Co.	Anna	a Bambe	roer			
16.	WAS DECEASE	ED EVER IN	JU.S. ARMED	FORCES	? 17. SOCIAL	18. INFORA	ANT	-6	-	ADDRESS	21234
	es		WWII	or service,	215-05-6869	Mrs. I	Margaret '	T. Hup:	feld. 2	710 Che	es lev Ave.
	19.	24			CAUSE OF DEA					AP	PROXIMATE INTERVAL
	7		DI-IONI DIDE		Arterioscle:	rotic ca	rdiovasci	ılar di	isease	BEIW	EEN ONSET AND DEATH
		LEADING T	DITION DIREC	LILY							
	(This does no	ot mean the	mode of dy	ing, e.g.,	(A)IMMEDIATE	AS A CONSEQ	LIENCE OF:	****	derdireks alimbraksaks nivelirekiskiskiskiski 60-60 60		
	heart failure, injury or com	asthenia, et	tc. It means the nich coused dec	disease,							
				,							
		NTECEDEN'			(8)	AC A CONTER		*****			
	RISE TO THE	ABOVE C	[IONS , IF ANY AUSE (A) STAT	, GIVING	DUE 10, OK	AS A CONSEC	QUENCE OF:				
z	UNDERLYIN	G CONDI	TION LÁST.		(c)	**********					
은			II								
CERTIFICATION	TO THE DEA	ATH BUT NO	ONDITIONS CO T RELATED TO N GIVEN IN PA	THE TERMI				**			
RT	20A. DATE OF	OPERATIO	N 208. CON	NOITION	FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
Ö	0									no	
228. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give exact location) home, farm, factory, street, affice bldg., etc.) INJURY OCCUR?						, in or about 2 ce bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give e	xoct location)	
100	HTING CAL		AIII.) (Hour) 22E, INJURY OCCURRED						
MEDI	UTING L CAL		(Day) (Year			[2	2F. HOW DID IN	JURY OCC	UR?		
Σ	OF INJURY		(Day) (Year		WHILE AT NO	T WHILE	2F. HOW DID IN	IJURY OCC	UR?		
Σ	22D. TIME (OF INJURY (APPROX.)		(Day) (Year		WHILE AT NO		2F. HOW DID IN	IJURY OCC	UR?		
Σ	22D. TIME (OF INJURY (APPROX.)	Manth) (m. WHILE AT NO	WHILE WORK				v opinion	
Σ	22D. TIME (OF INJURY (APPROX.) 23.	Manth) (held an 1	nquiry [m. WHILE AT NO AT	work	and that on t	his basis,	death in m		
Σ	22D. TIME (OF INJURY (APPROX.) 23.	Manth) (nquiry [m. WHILE AT NO AT	t WHILE WORK I I I I I I I I I I I I I I I I I I I	and that on t	his basis, Undetermi			
Σ	22D. TIME (OF INJURY (APPROX.) 23. I certi	Manth) (held an 1	nquiry [m. WHILE AT NO AT	work de Ho	and that on t	his basts, Undetermi EXAMINER	death in m		DATE SIGNED
Σ	22D. TIME (OF INJURY (APPROX.) 23.	Manth)	held an 1	nquiry [m. WHILE AT NO AT	while utapsy de Ha	and that on t micide CHIEF MEDICAL STANT MEDICAL	his basts, Undetermi EXAMINER EXAMINER	death in m		
Σ	22D. TIME (OF INJURY (APPROX.) 23. I certi result ACTUAL SIGNATU EXAMINE NAME (T	Manth) ify that I : red fram: URE ER'S ype)	held on In Natural cau	nquiry [M. Work No AT NO A	while utapsy de Ha	and that on t micide CHIEF MEDICAL STANT MEDICAL CIATE MEDICAL	his basis, Undetermi EXAMINER EXAMINER EXAMINER	death in m		1-3-72
244	22D. TIME (OF INJURY (APPROX.) 23. I certi result ACTUAL SIGNATU EXAMINE	Manth) ify that I : ed fram: JRE ER'S YPE) MATION,	held on li	nquiry [M. WHILE AT NO AT	while utapsy de Ha	and that on t micide CHIEF MEDICAL STANT MEDICAL CIATE MEDICAL	his basts, Undetermi EXAMINER EXAMINER	death in m		1-3-72
24A REA	22D. TIME (OF INJURY ((APPROX.) 23. I certi result SIGNATUAL SIGNATUE EXAMINE NAME (T.	Manth) ify that I : ed fram: JRE ER'S YPE) MATION,	held on In Natural cau	ses. 3	M. Work No AT NO A	de Ho	and that on t micide C CHIEF MEDICAL STANT MEDICAL CIATE MEDICAL	his basis, Undetermi EXAMINER EXAMINER EXAMINER	death in m ned manner	wn, ar caunty	1-3-72



VS 151-REV. 1/1/68

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Yes The Hotel of the The Televisian Strategic M. Supplete, Million of the Hotel

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. Order of the State of the Sta

written approval must be obtained before the remains pre embalmed or final disposition is made.

JMK

BALTIMORE	CITY	HEALTH	DEPA	RTMENT
DUCTION	V-111	III	PLIA	WIWEIAI

3-50	0			HEALTH DEPARTM		NO.	22 0010	
BIRTH NO.	72.0	1310	CERTIFICA	TE OF DEA	AH			7
1. NAME OF DEC (Type or Print)	BOWEN,	JAMES			JANUARY 2	, 1972	5:45	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE	CE (Where deceased lives. COUNTY	red. If institution	residence before o	dmission)
FULL NAME OF HOSPITAL OR INSTITUTION			JTION, GIVE STREET	MARYLAND C. CITY OR TOWN		D, INSIDE CITY		1223
11.	ST AGNES I			BALTIMOR		YES [No □	-
40	CATON & W BALTIMORE		AVENUES AND 21229	E. STREET AND NU	LINGTON A	VENUE		
MALE	CABGAS IAN	WIDOWED		8. DATE OF BIRTH	9. AGE (In ye lost birthdoy)	ars If Un Month	der 1 Yr. If Unde	r 24 Hrs. Min.
IOA. USUAL OCCU	PATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	o or loreign country)	12. C	ITIZEN OF WHAT	COUNTRY?
LA BORE	working life, even if retired)	CTE	EEL	GEORGI	Λ		U.S.A.	
13. FATHER'S NAA		311	- lu lu	14 MOTHER'S MAIL			0.3.4.	
	William A	Bowen		Emma	Crooks			
15. Was Deceased	Ever in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT	BALTO MD	21220	ADDRESS	
NO -			261-26-138	B ST AGNES			& WILKEN	SAVE
18.	(CL)	1-00	CAUSE OF DEAT		ILEO OND 3	07-1011	1 APPROXIMATE IN	TERVAL
DISEAS	E OR CONDITION DI	RECTLY	X	D		1111	BETWEEN ONSET A	ND DEATH
11 -	LEADING TO DE TH		(A) IMMEDIATE CAU	SE Dain	Conlus	cons	30 h	es.
heart wildre,	mean the more of	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:				*******
	plication which caused			1 11 1	54.11/		2.1	
100	INTECEDENT CAUSES		(8)	mapa -	Saut t	X'S	20 N	NO.
Diseases o	R CONDITIONS, If	eny, giving	DUE TO, OR AS	A CONSEQUENCE OF	:			
DHOELLING	QUINDITION lost.		(c)					
- 33	· 11						1	
OTHERSIGNAL TO THE DEATH V DISEASE OR CO	CANT CONDITIONS CO H BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	I 1 (A).	***************************************		*************************			****
E / //	OPERATION 198 CON WAS PERI	COMO	_	20A. AUTOPSY? (Y	os or No. 208, IF YES, IN CERTIFY	WERE FINDING NG CAUSES O	S CONSIDERED F DEATH?	
OR CONTRIBU	TING CAUSE OF	21 B,	PLACE OF INJURY (e.g., in	or about 21 C. WHERE	OID (If In	Boltimore City, g	give exact location)	Λ.
0	medical examiner g		hor	no .	Staus in	- hom	7	05
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	-1		
(APPROXI	12/31/71	/ P. M. Worl	Not While	2 1	ten der	in Sla	eus_	
			e deceased from JA!	JUARY/1/1	972WXZX_ta_	JANUAR	Y 2 19.	72
that (1) (we)	last saw the decease	d alive an	JANUARY 2	1971	and that In (my) (o	ur) opinion de	oth occurred on	the dote
		ed above. XI)	((Me) (qid) }8)8 X/9() v	lew the bady after	death.			
23A. SIGNATUI	1) d 2	000 010	l Amo	-di		23 B, D	ATE SIGNED	
	1.00	ancy	DEGREE Phys	nding Med. Directo	r Staff Phys.	//	12/72	
23C. PHYSICIAI NAME (Ty	R CHANEY, I	MD O		ST AGNES	BALTO ME HOSPITAL (21229 CATON &	WILKENS	AVES
24A. BURIAL CREA REMOVAL (S	MATION, 24B, DATE		ME of CEMETERY of CRE		24D. LOCATION	(City, town,	or county)	(Stote)
Burial	1-5-197	72 Lor	raine Park Ce	metery	Woodlawn,	Maryland		
25A. DATE REC'D	BY HEALTH DENT.O	258. NAME D	F REGISTEAR	25C. FUNERAL DI	A		ADDRESS	

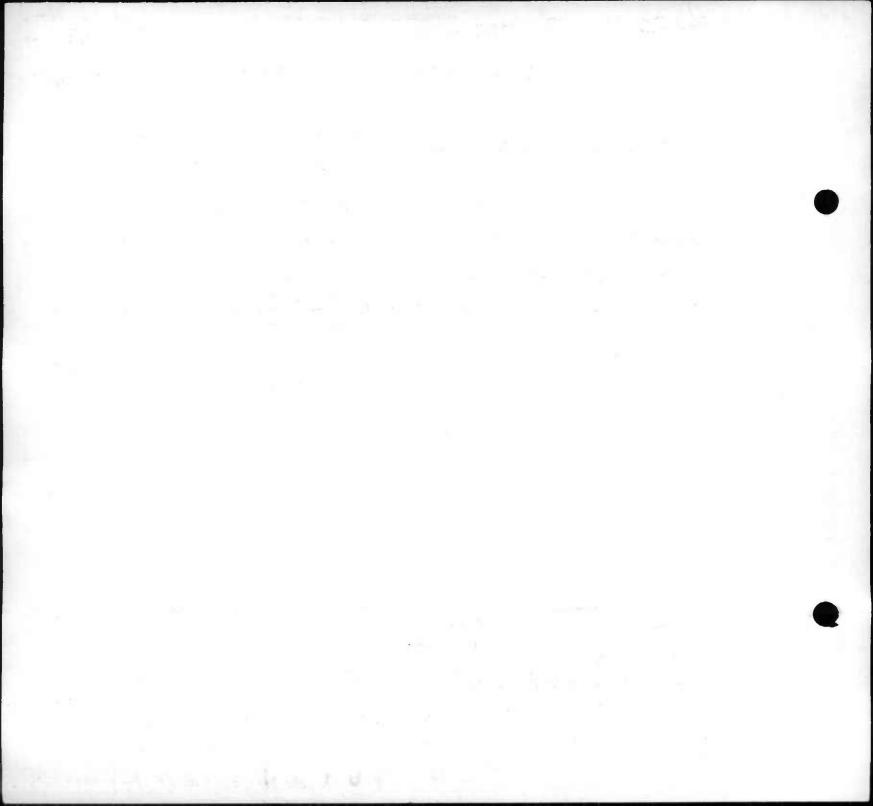
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VS 150-REV. 1/1/68

Howard H. Hubbard, 4107 Wilkens Ave. 21229

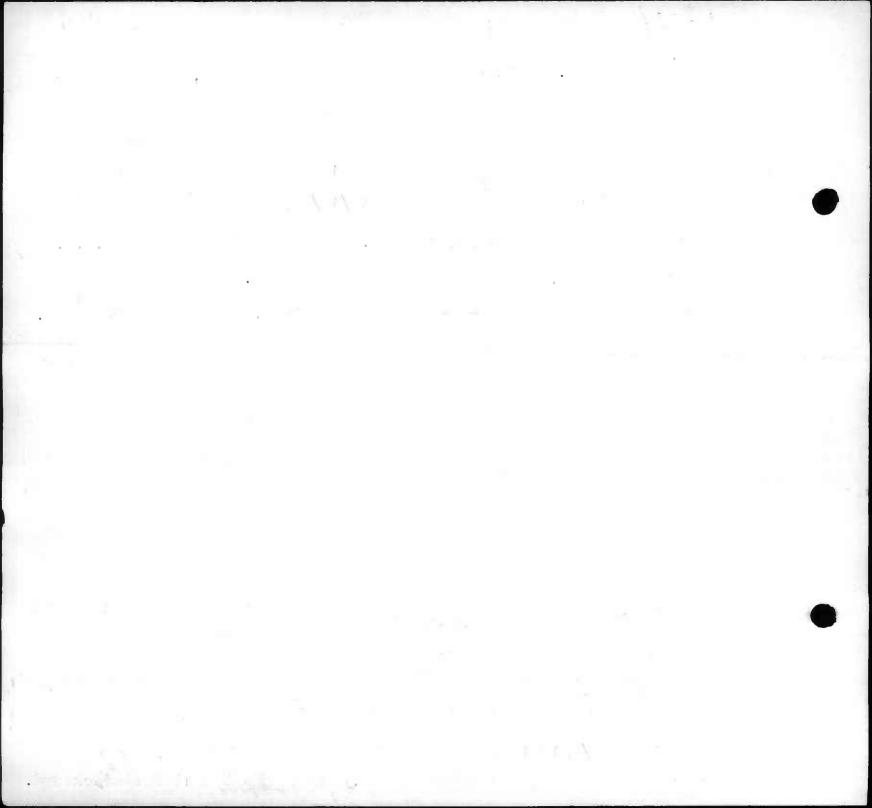
X. 1 0040 or with process of the state of

1	9-600 72 00105 BALTIMORE CITY HEALTH DEPARTMENT							
and eath ased the Such	BIRTH NO. CERTIFICATE OF DEATH REG. NO							
- 20 C	[(Type or Pant) /							
use of (5) De lance death	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY							
a hosp cause se; (5) andance to dea	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?							
E _ 5 + L	ARDLEIGH NURSING HOME BALTIMORE YES NO [
buting hed ca far at prior	522 N. STREEPER ST.							
occurribu ontribu ermine regula is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) 11 Under 1 Yr. II Under 24 Hrs. WIDOWED DIVORCED 1-22-1892 179							
or condetender	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Stole or foreign country 12. CITIZEN OF WHAT COUNTRY? **MOUSEWIFE** **MARYLAND** 12. CITIZEN OF WHAT COUNTRY? **MARYLAND** **U.S. A.							
irect (4) U h was h the lisposi	GEORGE WEGGEL 14. MOTHER'S MAIDEN NAME NARY —							
the di the di kind; death nce on finat di	15. Was Deceosed Ever in U. S. Armed Forces? [17. INFORMANT] (17. INFORMANT) (18. yes, give war at dotes of service) No 16. SOCIAL SECURITY NO. 215-09-7574D M. Serge C. Parr, Sr 4207 Diller Que.							
f any nced nced enda	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
cture o cture o pronou lar att	LEADING TO DEATH 11 It is does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or camplicotion which caused death.) (A) IMMEDIATE CAUSE FROM FOR SCIENCE OF: DUE 10, OR AS A CONSEQUENCE OF: VASCULAR DIS.							
A fra Who regu	ANTECEDENT CAUSES (B)							
	nise to the above cause (A) stating the UNDERLYING CONDITION last. (C)							
H S ≯ E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).							
Body the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR?							
y nature; xcept whe ind (6) No	21D. TIME (Manth) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Nork At Work							
any (exc); an	22. 1 certify that (1) (this hospital) attended the deceased from 1) ec 15, 1968 to JAN. 6, 1972							
P + 0 0 + 4	and hour and from the causes stated obove. (1) (16) (did) (did tot) view the body after death.							
POPE	Attending Med. Staff 238, DATE SIGNED							
y was rel (1) An acc (2) A. at a B d prior to approval	NAME (TYPE) L'OYD E. SAVLOR M. D. 1 3003 Phoening accorde B. 1 2012/12/12							
- U 0 -	24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY BURIAL (Specify) 1-10-72 PARKWOOD CEM 24D. LOCATION (City, town, or county) (Stotel) BALTO. MD.							
the bossing was D. deceas	JAN 10 1972 Police C. Robert A.D. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERAL							



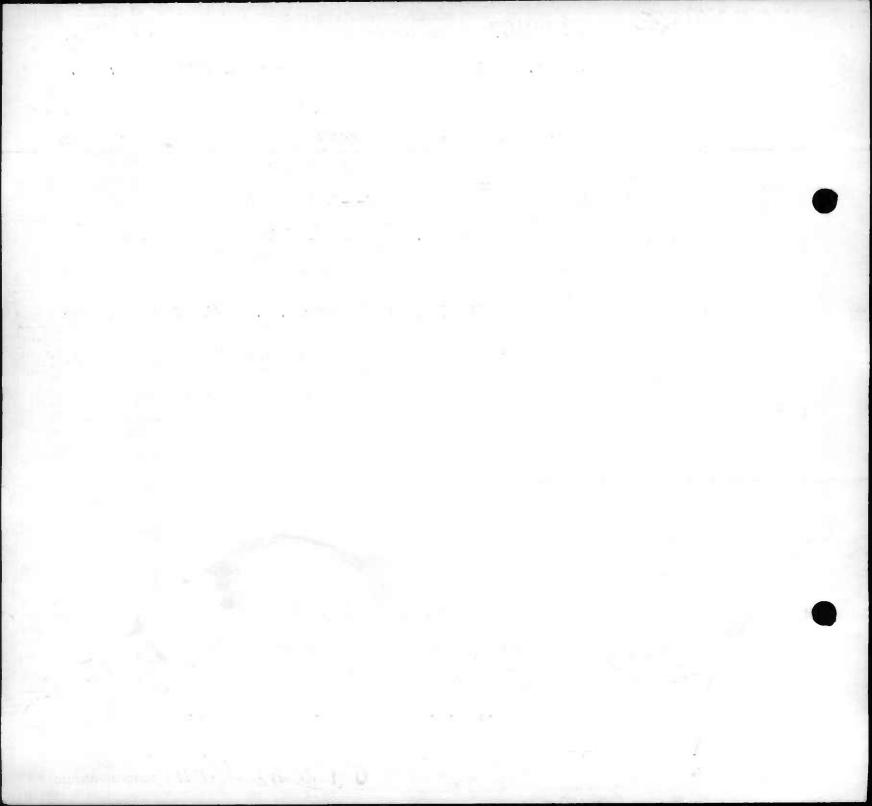
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	- 534	1 -	0 004	00	BALTIMORE CIT	Y HEAL	TH DEPARTMENT			20	001	66
BII	TH NO.	-	2 001	00	CERTIFICA	ATE (OF DEATH	RE	G. NO	1,50	DU SZ	100
	Pe at Print	EASED					2. DATE	AND HOUR	OF DEATH			
		Roy	G. Li	ndl	er		Ja:	nuary	2.19	72		м
3.	PLACE IN BAL	TIMORE, MARYLA	ND, WHERE PR	ONOUN	CED DEAD	4. USI A. STA	JAL RESIDENCE (W	here decease	d lived. If in	nstitution;	esidence	before odmission)
[] H	LL NAME OF	(IF NOT IN	HOSPITAL OR I	תטדתצא	ON, GIVE STREET		aryland				d	864
IN	NOITUTION						YORTOWN		D. INS	IDE CITY I		
6	10					E. STR	altimore EET AND NUMBER			YES	1	10 🗌
		Manorvi	ew Road			11	514 Mano		Road			
5.	EX	6. RACE	7- MAR	RIED	NEVER MARRIED	8. DAT	E OF BIRTH	O AGE IL	Mane	If Und	Doys	If Under 24 Hrs.
	Male	White	WIDO	WED	DIVORCED	10	/17/1904	lost birthdo	67 (vi	Months	Doys	Hours Min.
10/	. USUAL OCCL	PATION (Give kind varking life, even if t	of work 10B, KIN	D OF BU	USINESS OR INDUSTRI	11. BIR	THPLACE (State or fo	oreign country		12. CIT	ZEN OF V	WHAT COUNTRY
	Printe			an '	Printing (10	South Co	noline			TT C	~ A
13.	FATHER'S NAM	AE	13001	CLLL .	LITITUTINE (OTHER'S MAIDEN N		l .		U.i	S. A.
	Uoz	olei ob	T/T T	1 3-	1		Manaia	D	D			
15.	Was Doceased	ekiah Everia U. S. Am Off yes, give war	ined Forces?	ind	Ler Social		Nannie	D.	Dune	an	ADDRES	
(Ye	i, no or unknown) No	(If yes, give war	or dates of serv		SECURITY NO.						ADDRES	314
_				242	-05-4696		Bessie .	A. Lin	dler	Mano	rvie	ew Rd.
	18.	CON COMPLETE	NI DISCOUL		CAUSE OF DEAT	Н					APPROX	IMATE INTERVAL ONSET AND DEATH
		E OR CONDITION				^	. ~ 2				2	
	(This does n	of mean the ma	de of dying,	e.g.,	(A) IMMEDIATE CAL	A CONSI	a of 2	uno			> /	mo
	injury or com	asthenia, etc. If	means the disc coused deoth.)	ease,			402,102 01.					
		NTECEDENT CA	AUSES									
	DISEASES O	R CONDITIONS	if onv. a	vina	DUE TO, OR AS	A CON	FQUENCE OF:				~~~~~~	
	rise to the	obove couse	(A) stoting	fhe								
	ONDEREINING	CONDITION 10	51,		(c)							
Z	OTHER SIGNIFI	CANT CONDITION	IS CONTRIBITE	NG								
F	10 THE DEATH	BUT NOT RELATE	D TO THE TERMIN	NAL	***************************************	*********						
F.	19A. DATE OF	OPERATION 198	CONDITION F	OR WHI	CH OPERATION	20 A	AUTOPSY? (Yes or	No) 208. IF Y	ES, WERE	FIN DINGS	CONSID	ERED
ERTIFICATION	0		11-11-11-11-11-11-11-11-11-11-11-11-11-					IN CERT	FTING CA	USES OF	DEATH?	
CAL C	21 A. ACCIDEN OR CONTRIBUTED THE CONTRIBUTED T	T WAS UNDERLY ITNG ☐ CAUSE O modicol exominer)	ING [home, letc.)	ACE OF INJURY (e.g., i form, foctory, street, o	n or abou ffice bldg	21C. WHERE DID	(18	In Baltimore	e City, glv	e exoct loc	cotion)
MEDICAL	21 D. TIME OF INJURY	(Month) (Day)	(Year) (Haur)	21E IN	JURY OCCURRED		21F. HOW DID IN	JURY OCCL	182			
3	(APPROX.)			While A	At Work	۰П						
	22. I cortifu	hat (1) (this ho	ential\ attand	1			1	20/107	_		7	m 5
		ast sow the de			Dec 3	o a	921 and t	1947				1972
					***************************************				(ant) Popli	nlan deat	h accurr	red an the dote
	23A. SIGNATUI	fram the cause	s stated abov	e. (1) (Y	Ve) (did) (did nat) v	lew the	bady after death	•				
	-0.4010117101	0-4			M M Atte	nding [Med.	Shiff I		23 B. DAT	ESIGNED	
	22C PHYSICIAL	700	uno	1	DEGREE Phy	نا ،	Med. Director	Stoff Phys.		-/	14/	72
	23C. PHYSICIA! NAME (Ty	of J	AF			23 D. ADI			,		,	
24.6	WILDIAN COCA	V -	1./	54/	VD DEGREE	-	25 TRE	che121 e	tar			
	REMOVAL (S	ATION, 248, DA	240	C. NAME	of CEMETERY of CRE	MATORY	24D.	LOCATION	(Cit	y, town, o	r county)	(State)
254	Burial	1/6		Nev			emetery	Balt	imore	. Ma	ryla	nd
ZSA	JAN 1	1972	258. NA	a.Sa.	A.A.	25C.	Prumary S	R	3512		ADDR deric	ck Ave.
		3						-				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

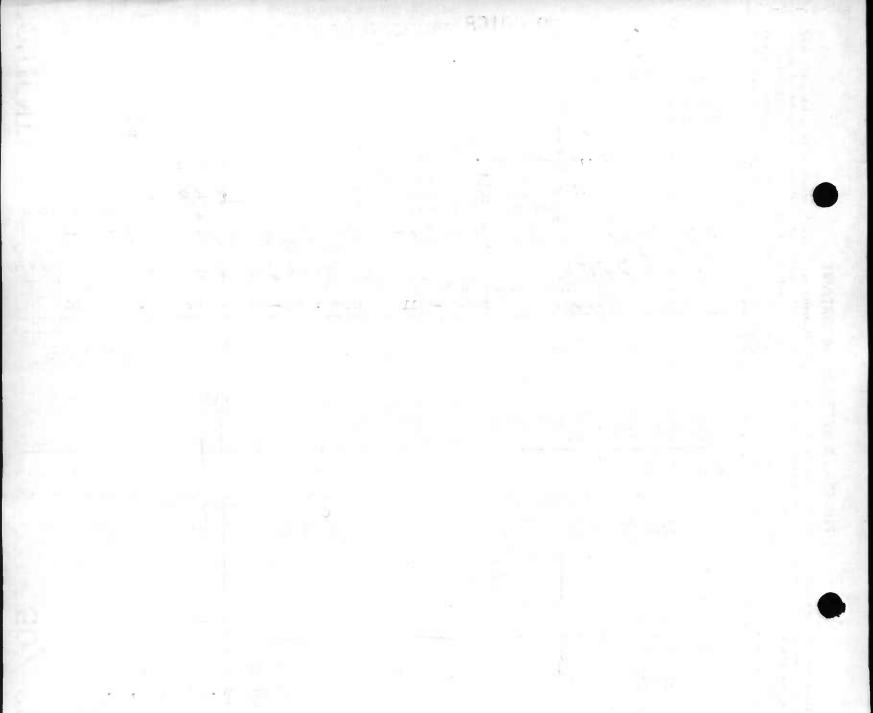
В	M-450 72	1111 (27)	HEALTH DEPARTMENT	X REG. NO	72 00167
	NAME OF DECEASED Appoor Print) Robert	L. Mullin	2 PATE A	ND HOUR OF DEATH	5.45 p.
3	PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD		ere deceased lived. If in	stitution: residence before admission
	ULL NAME OF (IF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	Maryland	BALTO	5300
li	Softation Address or too		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
4	31 successore can	4 Hospital	E. STREET AND NUMBER	,	YES NO X
E	SEX 6. RACE		21 Mulberry	Lane	
3.	41 /	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years)ast/birthday)	If Under 1 Yr. 11 Under 24 Hrs. Manths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of wor	KIOB KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slale or fore		12. CITIZEN OF WHAT COUNTRY
do	Laboner	Paul Jones Dist.	West Virginia		USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	unknown		unknown		
[[(Y	. Was Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give war ar date	rces? es al service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Λ	0	214 07 0976A	Christina M. B.	. Mullin 21 1	Mulberry Lane
	DISEASE OR CONDITION DI	CAUSE OF DEATH	•	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE geveraliza	ed Carcil	vonatosis.
	(This does no) mean the mode of heart failure, as)henio, e)c. 1) means injury or camplication which caused	dying, e.g., the diseose,	CONSEQUENCE OF:	01/	***************************************
	ANTECEDENT CAUSES	Car.	se geveraliza a consequence of: c'/wwa-	RY LIUN	7
	DISEASES OR CONDITIONS, if	any, giving DUE TO, OR AS	A CONSEQUENCE OF:		10000000000000000000000000000000000000
	rise to the above cause (A) UNDERLYING CONDITION last.	stating the (C)			
,	. II				***************************************
TION	OTHER SIGNIFICANT CONDITIONS CO	HE TERMINAL			
FICA	DISEASE OR CONDITION GIVEN IN PAR	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		ND)NGS CONSIDERED
CERTIFIC	21A. ACCIDENT WAS UNDERLYING	a - Jex Hung	•	IN CERTIFYING CAU	SES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in hame, farm, factory, street, off etc.)	ice bldg., INJURY OCCUR?	(II In Baltimore	City, give exact location)
MEDIC	21D-TIME (Manth) (Day) (Year)	(Haur) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
8	(APPROX.)	While At While At Wark			
	22. 1 certify that (1) (this haspital		10/19/62	19 to ///	8/7/ 19
	that (1) (we) last saw the decease		19and th	at In(my) (aur) apini	an death accurred on the date
		ted above, (1) (We) (did) (did nat) vi	ew the bady after death.	City Ho.	lp,
	23A, SIGNATURE	1 A /1 Alter	ding Med.		23B, DATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys.	Director L	Staff Phys.	1/0/11
	Louis Voge		973	ment St	21205
24	A. BURIAL CREMATION, 24R DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CREA			town, or county) (State)
	Burial 1-7-72	Baltimore (emete	ru Ba	Esimone, Mary	uland
25	AN 1 1 1072 P. C. C.	258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1211	hesaco Avenue
VS	150-REV. 1/1/68	The state of the s	19 32	, , , , ,	,



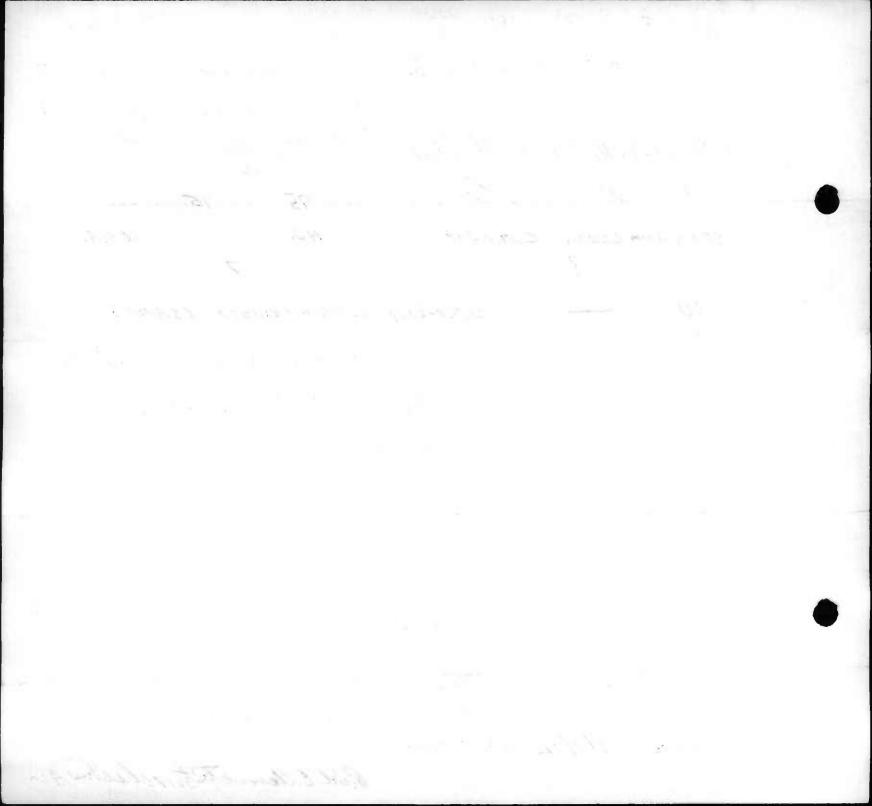
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	-	P	90	u		
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	050	0	2	nc	lec	
	be approved by the chief medical examiner or his assistant if death occurred in a hospital an	10.5	.:	da	oath); and (6) No physician was in regular attendance on the deceased prior to death. Suc	
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	-	5	Ed	att	ior	
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	ertificate must	ody was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deap	ws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	eased prior to de	ten approval must be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY HEALTH DEPARTMENT	ens contest
EIRTH NO. CERTIFICATE OF DEATH	72 (11)1168
1. NAME OF DECEASED 1 Type of Print) DOUD JOSEPH SMITH 2. DATE AND HOUR OF DEATH 1 3 72	1 6:20 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE TWhele deceased lived. If ins A. STATE B. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET) Maryland	stitution; residence before admission
	DE CITY LIMITS?
BALTIMORE CITY HOSPITALS Baltimore	YES X NO
4940 Eastern Ave., Baltimore, Md. 21224 242 South Durham Street	21231
Male (AU Casian WIDOWED V DIVORCED 7/31/28 P. AGE (In years lost birthday)	If Under I Yr. It Under 24 Hr. Months Days Haus Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of loreign country)	12. CITIZEN OF WHAT COUNTR
BrickLayer Construction North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	4.5. A.
John E Smith Chance Lee Walla	rec
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Of yes, give war at dates at service) 16. SOCIAL SECURITY NO.	ADDRESS
18. CAUSE OF DEATH	
DISEASE OF CONDITION DIRECTLY	SETWEEN ONSET AND DEAT
LEADING TO DEATH	IMMEDIATE
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	***************************************
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving DUE 10, OR AS A CONSEQUENCE OF:	12 HOURS
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING TO 121B PLACE OF INJURY AS 15 OF OPERATION WHERE DID.	8 HOURS
OR CONTRIBUTION OF THE BOILDINGS	City, give exact location)
DEATH (notify medical examiner)	
210. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Not While At Work Not While At Work	,
22. I certify that (1) (this bospite) attended the deceased from 1/2/72 19 ta 1/3	172 19
that (1) (we) last saw the deceased alive an	ton death occurred an the dat
and have and from the causes stated above. (1) (Wa) (dta) (dta) (dta) view the bady after death.	
Jeffy & Chalalles M.D. Dear Phys. Director Phys.	13 72
23C. PHYSICIAN'S NAME Type JOHN J. CHABALICO DEGREE BALTIMORE CITY H	nore Mi. 21224
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, BULLO) 1 7/72 PINEY OF VOCE METERY WATAGGE COMME	North Carilia ADDRESS
JAN 10 1912 Visite E. Jacker 1823 Agbrase of Nov1328 Sulph	ur Sq. Rd.

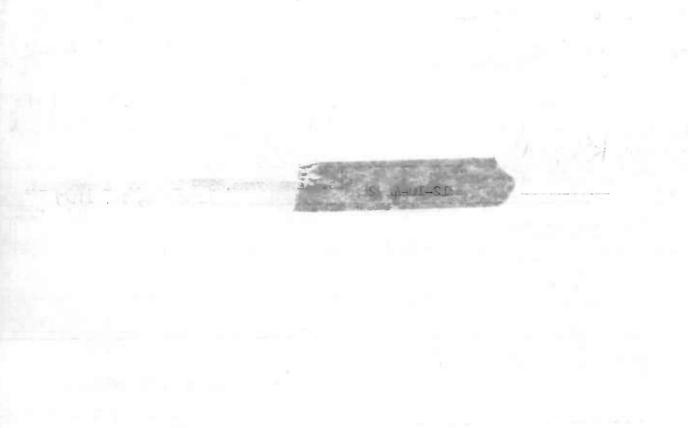


BALTIMORE CITY HEALTH DEPARTMENT 72 00169 CERTIFICATE OF DEATH d in a hospital and ing cause of death cause; (5) Deceased the I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo 3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD 4. USUAL RESIDENCE (Where declosed lived. If institution: residence before A. STATE B. COUNTY ance FULL NAME OF HOSPITAL OR INSTITUTION 3127- ST. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) attend 0 C. CITY OR TOWN D. INSIDE CITY LIMITS? 2 Altimore YES 🛍 NO Montebello State Hospita. prior contributing E. STREET AND NUMBER Abeve (4) Undetermined 5 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours If Under 1 Ya regul eceased If Under 24 Hrs. WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11]. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? = isposition done during most of working life, even if retired) C.M. KEMP MDI ō U.S.A. STOCK ROOM CLERK Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 0 0 15. Was Deceased Ever in U. S. Armed Forces? [Yes,no or unknown] (If yes, give wer or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance (SAME) ROLAND L. AGAROTH 215-10-2754 any pronounced 18. CAUSE OF DEATH OL APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed ō LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUE heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who 4 9 DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) staling the physician UNDERLYING CONDITION last. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes & No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 WAS PERFORMED none before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? where (If In Boltimore City, give exact location) dy was released to the hospital (1) An accident of °Z MEDICAL DEATH (notify medical exemined etc.) nous obtained (Doy) (Houd (Yeorl 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While (APPROX.) and Work non 22. I certify that (I) (this hospital) attended the deceased from eath); that (i) (we) last saw the deceased alive on. and that in (my) (our) apinion death accurred an the date hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B DATE SIGNED ō Attending | Med. 0 approval Phys. O 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) deceased 24B, DATE 24C. NAME OF CEMETERY OF CREMATORY (City, town, or county) he body written 25C. EUNERAL DIRECTOR VS 150-REV. 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

ERTIFICATE OF DEATH RECONDITION CAPTA AND HOUSE OF DEATH CO 5 - 72 T. RACE IN BALLMOND, MARTHAND, WHERE PRONOUNCED DEAD I. STATE RECONSTRUCTION TO SOUTH A CONTROLLED BY THE RECONSTRUCTION OF SOUTH AND THE RECONSTRUCTI	Y	M BALTIMORE CIT	Y HEALTH DEPARTMENT
The property of the property o	BIR		ATE OF DEATH AREG. NO.
THE HALL OF CHAPTER OF BOTTAL OR INSTITUTION, GIVE STREET MODERS OF LICENSES O			AUX 2. DATE AND HOUR OF DEATH AUX 2. DATE AND HOUR OF DEATH AUX 30 M
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CAUSE OF DEATH CAUSE OF CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE O	I HO	DYTIAL OK ADDRESS OF LOCATION 1	
SIREET AND NUMBER 3 9 1	-	X h Church Home & Hospital Hal	Car. Ly
SAR SARCE	7	20 1 Broke Way & to 31	E. STREET AND NUMBER
IRA_USUAL OCCUPATION (Give sind al work Took in the work Took in	5. 5	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Ye II Under 24 Hrs.
Canal Cana	7	Real WINC WIDOWED DIVORCED	02-03-14 last birthdoy) Months Doys Hours Min.
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NO 212-10-4-22B Mrs. Mary Wynne, 3399 Liberty Garden Road, Baltimore, Md. 21207 CAUSE OF DEATH (This does not mean the mode of dying, e.g., head ficility, estheric, etc. if means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if eny, giving first to the above cause (A) sloting the UNDERLYING CONDITIONS (B) DUE TO, OR AS A CONSEQUENCE OF: (S) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANI CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING CONDITION WAS PERFORMED OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	13.	HENRY RLOHR	14. MOTHER'S MAIDEN NAME
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injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION 20A. AUTOPSYT (fee or No.) 20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING COUSE OF DEATH? OF ACONTRIBUTING CAUSE OF DEATH? OF INJURY (Month) (Doyl (Yeal (Hour) 21E. INJURY OCCURED Work A! Work		(This does not mean the mode of dying, e.g.,	use unknown.
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22. I certify that (I) (this hospitol) ottended the deceased from that (I) (we) last sow the deceased olive on land haur and fram the causes stoted above. (I) (We) (did) (did not) view the body ofter death. 23C. PHYSICIAN'S NAME (Typel Satpal Singh M.D. 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II) Jury OCCUR? (TFIG	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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While At Work 22. I certify that (I) (this hospital) ottended the deceased from 9 - 19 71 ta 19 79 that (I) (we) last sow the deceased olive on 19 79 and that In(my) (our) opinion deoth occurred on the date and haur ond fram the causes stoted above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DAJE SIGNED 23B. ADDRESS NAME (Typel Sat pal Singh N.D. 23D. ADDRESS NAME (Typel Sat pal Singh SATPAL SINGH MY.D. Church Home & Hospital, Baltimore, Md.	101		2 NO 21E HOW SIG IN WILLY OCCUPY
that (I) (we) last sow the deceased olive on	151	OF INJURY (APPROX) While At Not While	LAND TOND
and haur ond fram the causes stoted above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE Attending Med. Stoff M. D. Phys. Director Phys. M. D. 23B. DAIE SIGNED 7.5.7 Phys. Church Home & Hospital, Baltimore, Md. SATPAL SINGH M.D. Church Home & Hospital	1 1		19 19
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23C.PHYSICIAN'S Satpal Singh NAME (Type) SATPAL SINGH M.D. Attending Med. Director Phys. M.D. 23D. ADDRESS Riurch Home & Hospital, Baltimore, Md. SATPAL SINGH M.D. Church Home & Hospital, Baltimore, Md.			
NAME (Type) Satpal Singh M.D. 23D. ADDRESS Church Home & Hospital, Baltimore, Md.		DEGREE Phy	anding Med. Steff Phys. T. 5.75
DECORES .		NAME (Type) Satpal Singh M.D. SATPAL SINGH M.D.	230. Address Church Home & Hospital, Baltimore, Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)	24A.	BURIAL CREMATION, 1248, DATE 124C NAME of CEMETERY OF CRE	()
Burial 1/8/72 Mt. Olive Church Cemetery Randallstown, Baltimore, Maryland	2.5	Burial 1/8/72 Mt. Olive Church	Cemetery Randallstown, Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS OF THE PROPERTY	25A.	DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
vs 150-REV. 1/1/68 VS 150-REV. 1/1/68 VS 150-REV. 1/1/68	VSI	50-REV. 1/1/68	8728 Liberty Road, Rendellstown Md. 21133



46-65-92	
10 00 00	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in FUNERAL DIRECTOR: IMPORTANT

-610	Y /C 1717 1 / 1	BALTIMORE CITY HEALTH DEP		REG. NO.	2 00171
TE OF DECEASED	rances Murp	hv	2. DATE AND HO	OR OF DEATH	1 1120 A.M.
	ARYLAND, WHERE PRONOUNCED		SIDENCE IWhere dece	ased lived. If Instituti	ians residence before admission)

BIRTH NO. CERTI	IFICATE OF DEATH REG. NO.
1. NAME OF DECEASED HILDA Frances Murphy	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A STATE & COUNTY
FULL NAME OF IF NOT IN HOSMTAL OR INSTITUTION, GIVE STE HOSMTAL OR ADDRESS OR LOCATION)	CCITY OR TOWN D. INSIDE CITY UMITS
Baltimore City Hospitals 1940 Eastern Avenue, Baltimore, Marylan	e. STREET AND NUMBER and 21,246 3 20 Roston St 2636
5. SEX 6. RAChucasian 7. MARRIED NEVER MARIED DIVOR	RIED . 8. DATE OF BIRTH 9. AGE (in years lift Under 1 Ye. It Under 24 Hrs. Months Days Hours Min.
done during most of working life, even if settred) RESTAURANT RESS	
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
WASHINGTON CLAYTON MURPHY	CRACE M. MEYERS
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	BCH RECORDS: 4940 Eastern Avenue Baltimore, Maryland 21224
	DE DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DIATE CAUSE Septices Shock luk
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	Preumonia-Pulm. Garluge 3 wks
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S DISEASE OR CONDITION GIVEN IN PART 1 (A).	befor mellitus, Kypothyroidism
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	URY le.g., in or about 21 C. WHERE DID (II in Boltimore City, give exect location) street, office bidg. INJURY OCCUR?
D 21D TIME (Month) (Doy) (Year) 1Houd 21E INJURY OCCU	
× IAPPROX.) While At	Not White At Work
22. I certify that (*) (this hospital) attended the deceased for that (**) (we) last saw the deceased alive on	ram 19 7 ta 19 72 19 72 and that in (aur) apinion death occurred an the date
and hour and from the causes stated above. (N (We) (did) (A	
23A. SIGNATURE /	23 B. DATE SIGNED
P Kurnull MA	Attending Med, Staff Phys. 1/2/7/

23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

Fimore Coty HE PATE B 3-we

(City town or county)

(Stote) Ma

24A. BURIAL CREMATION, 24B. REMOVAL (Specify) CEMETERY NG A 72 25A. DATE 254. HAMP OF REGISTRAL

HAURE OF GRACE 25C. EUNERAL DIRECTOR

HARFORD //KY

VS 150-REV. 1/1/68

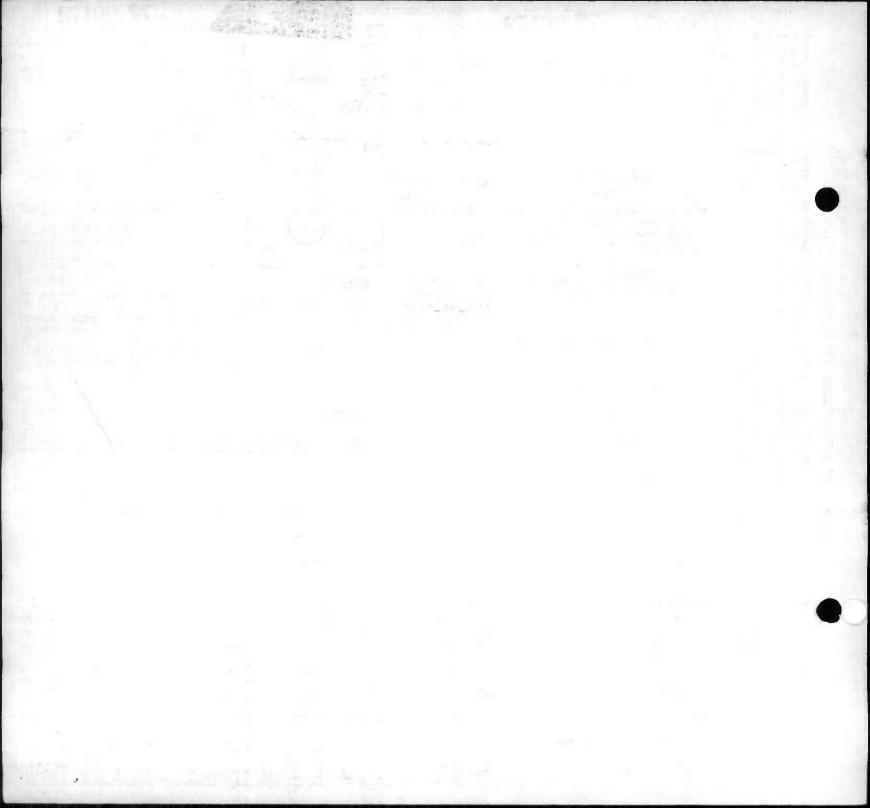
RANT INCK

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a Harrisalisa a a

hospital and use of death ; (5) Deceased Such LO death. ance (4) Undetermined cause; (5) Cause attend 0 8 prior or contributing occurred in regular is mad deceased disposition MUS the death HO or final was in regular attendance fracture of any who pronounced embalmed chief medical examiner before the remains are physician burns; (6) No physician An accident of any nature; (2) Body the ø where the body was released to the hospital shows: (1) An accident of any nature: (2 obtained (except and death); 99 hospital must 0 approval 8 prior at was D.O.A. eceased written

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 6/72 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS YES NOTE ossville ' Union Memorial Hospital E. STREET AND NUMBER Wison 8412 9. AGE (In years lost birthday) 5. SEX 6. RACE If Under 24 Hrs. 8. DATE OF BIRTH Il Under I Yr. Months! Doys 7- MARRIED X NEVER MARRIED WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Mary Land American Housewi.fe Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stops Vernon 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war or dates of service) 7. INFORMANT & SOCIAL ADDRESS SECURITY NO. 8412 Allison Lane Mr. Louis Palermo -03-2162 BaL. MD 21237 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY nelly sm (by vertebral LEADING TO DEATH month (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. AUTOPSY? (Yes or No) 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED Basilar artery WAS PERFORMED Basilar artery insufficiency due to vertebral abuserys m 218 PLACE OF INJURY IO.G., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.) OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) MEDICAL DEATH Inotify medical examined 21D. TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At IAPPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 12 - 08 - 7119 7/__to. 19 7/ that (1) (we) lost sow the deceased alive an_ and that in(my) (our) opinion death occurred on the dote and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. 1/6/72 Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) U. M. HOSPITAL 24A. BURIAL CREMATION, 248, DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State) Baltimore Oaklawn Cemetery Md 25A. DATE REC'D BY HEALTH DEPA 25B NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Wsahn Tuneral Home VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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M-232 72 00173	BALTIMORE CITY	HEALTH DEPARTMENT		72 90173
	CERTIFICA	TE OF DEATH	REG. NO.	
I.NAME OF DECEASED			AND HOUR OF DEATH	
Mas Kon Tan	CES L.			510 A.
3. PLACE IN BALTIMORE MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived, II in:	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	c. CITY OR TOWN	CeTTIMOSE ID. INSI	DE CITY LIMITS?
SINGI HOSPITAL OF BATT	imore INC.	Battimore E. STREET AND NUMBER		YES MO
4		11		
5. SEX 6. RACE 7. MAR		11 Slade AV	100	
MAK	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
TEMALE HITE WIDO	WED DIVORCED	XXXXXXXXXXX	69 XXXX	
done during most of working life, even it retired)	D OL BOSHAESS OK HADOSIKI			12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	AT HOME	PORTSMOUTH,		USA
		14. MOTHER'S MAIDEN N.		
RICHARD LAND			OPER	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	ice) 1 6- SOCIAL SECURITY NO.	17. INFORMANT		SUFFOLK, VA.
NO.	072-12-3588	MR. RICHARD ST	AUB, 124 W. V	
18. / 8 3, 01	CAUSE OF DEATH	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			-	DET THE STATE OF THE SEATING
(This does not meen the made of dving	E.C.	SE METOSTATIO	OCCIDOME	10465.
heort foilure, asthenia, etc. It means the dis- injury ar complication which caused deoth.)	eose,	A CONSEQUENCE OF:		,
ANTECEDENT CAUSES				
Description -	iving (B)	A CONSEQUENCE OF:	na	11465.
rise to the obove cause (A) stating	the			
UNDERLYING CONDITION last,	(c)	***************************************		***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 208. IF YES, WERE F	INDINGS CONSIDERED
I U 121 A. ACCIDENT WAS UNDERLYING I	218. PLACE OF INJURY (e.g., in		(If In Boltimore	City, give exect location
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	V. 11. C.	and fine exact to content
Q 21 D. TIME (Month) (Day) (Year) (Hour)	21E INJURT OCCURRED	21F. HOW DED IN	IIIIBY OCCUM	
OF INJURY (APPROX.)	While At Not While Work At Work			
22. I certify that (1) this hospital) attend		12-30	.19 .2/_ta	1-6 19 22
that (1) (we) lost sow the deceased alive				lan death occurred on the date
and haur and from the couses stoted above		lew the hady after death	inci icimin tadir april	Tan death occorred on the date
23A. SIGNATURE		Town the budy until deeth		23B, DATE SIGNED
Jack Offack	Mind peges Phys	nding Med.	Staff Phys.	1. 1.972
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	/ / / / / / / / / / / / / / / / / / /	Jan. 6, 11
JACK POLLACK		SINAI	U	
CALL COURT AND	C.NAME OF CEMETERY OF CRE	MATORT 24D.	LOCATION (City	y, town, or county) (Statel
	HEBREW FRIENDSHI		LTIMORE, MARY	
	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS REISTERSTOWN ROAD
VS 150-REV. 1/1/68		POST DISATINOON	- DIVOO. , 00 TO	THE TOTAL NORTH

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BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH (5) Deceased Such death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Pool) uo hospital death. of 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD attendance MARYLAND cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN cause; 0 8 BALTIMORF prior contributing E. STREET AND NUMBER occurred Undetermined made. regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (in years lost birthday) 7. MARRIED NEVER MARRIED eceased MALE X WHITE WIDOWED DIVORCED IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Sigte or foreign country) disposition done during most of working life, even if retired) = OL ŏ CLOTHING RUSSIA TATLOR 20 14. MOTHER'S MAIDEN NAME 3 MORDECIA PREBESH HANNAH eath 5 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war at dates of service) 6. SOCIAL 17. INFORMANT or final SECURITY NO. attendance 216-07-0515 any pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY balmed o LEADING TO DEATH fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. Il means the disease, gular injury or camplication which caused death.) Ee ANTECEDENT CAUSES 0 (B)________DUE TO, OR AS A CONSEQUENCE OF: * 10 are 4 DISEASES OR CONDITIONS, if any, giving Hopertensive Viscular Heense rise to the above cause (A) stating the UNDERLYING CONDITION lost physician remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING cian TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body the 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED the 20A. AUTOPSY? (Yes or No) 8 before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF any nature; (2) where 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? to the hospital °Z MEDICAL DEATH (notify medical examined obtained OF INJURY [Month] (Day) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except Not White While At (APPROX.) and 22. I certify that (1) (this hospital) attended the deceased from 1911.4 72 that (I) (we) last saw the deceased alive on... oto hospital eath) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE Ū Maranopartera Attending Med. Director 2 approval Phys. 8 23 C. PHYSICIAN'S prior 23D. ADDRESS ata An 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION o written HEBREW YOUNG MEN shows: BURIAL Was 25P NAME OF REGISTRAR 25C. FUNERAL DIRECTOR T VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceased lived. If institution: residence D. INSIDE CITY LIMITS? YES 19 NO 3620 Glen AVE # 21215 If Under 1 Ys. Months! Days . If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS MR. MARTIN PREBESH. 6807 PARK HGHTS. AVE. APT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH remosshers e 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Boltimare City, give exact location) and that in(my) (aur) opinion death accurred an the date 23 B. DATE SIGNED (City, town, or county) (State) BALTIMORE, MARYLAND ADDRESS LEVINSON & BROS., 6010 REISTERSTOWN ROAD

Division of the

Alexand markets. more

INCOME. DESIGNATION OF THE PROPERTY ATTENDED

Post burning of the . and shearth bit

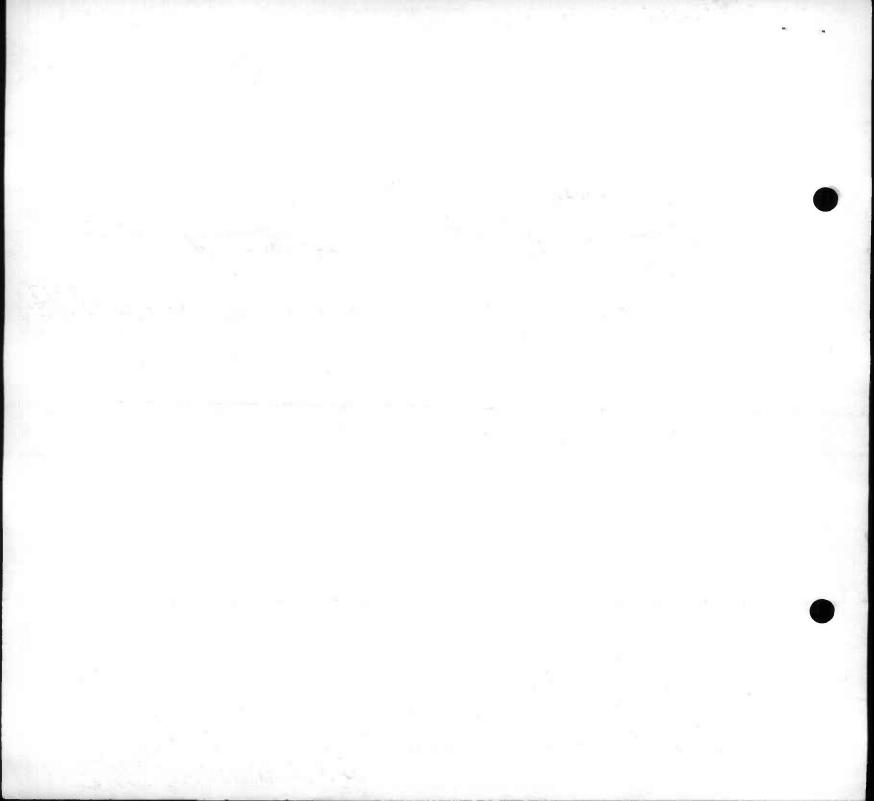
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV, 1/1/68

1-535 70 004 NE BALTIN	MORE CITY HEALTH DEPARTMENT 72 00175
72 00175 CER	TIFICATE OF DEATH REG. NO.
I.NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) LOUIS F LANDAU	1/3/72 1 7:15 Am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE : ADDRESS OR LOCATION)	
THIS IT OF THE PARTY OF THE PAR	BALTO YES NO
MARYLAND GENERAL HOSPITAL	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MA	ARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs. Months! Days ! Hours! Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR	PRCED - 2 - 9'3 7X
done during gost of Forking life, even if retired)	EJIRAPE-Germans USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Contract of	Con le
15. Was Deceased Eyer in U. S. Armed Forces? 16. SOCIAL	NO. 17. INFORMANT ADDRESS 2/207
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY ATT ATT ATT ATT ATT ATT ATT ATT ATT AT	7.4007 me Fare Noho - 5707 E. Pol Ct.
18. 17/19 1 CAUSE	OF DEATH APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means the disease,	AEDIATE CAUSE RANGE S CALCIMA STORY OF AS A CONSEQUENCE OF:
injury ar complication which coused death.)	I droubly hearmone
ANTECEDENT CAUSES (B)	ASOUD E Hital wisnf 2 CHF
DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last, (C)	Memia 20 # A
II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA	TION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERA WAS PERFORMED	TION 20A- AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OF CONTRIBUTING CAUSE OF IN.	JURY (e.g., in or about 21C, WHERE DID (If In Baltimore City, give exact location) y, street, office bldg., INJURY OCCUR?
DEATH (notify medical examines)	
(APPROX.) While At Work	Not White At Work
22. I certify that (I) (this haspital) attended the deceased	fram Dec: 12 197/ to san 3 1972
that (i) (we) last saw the deceased alive an	3 19 72 and that in (my) (aur) opinion death accurred on the date
and haur and fram the causes stated above. (1) (We) (dtd) (did nat) view the bady after death.
23A. SIGNATURE	Attending Med. Staff 1/3/72
23C. PHYSICIAN'S NAME (Type)	Attending Med. Shaff Phys. 23D. ADDRESS Attending Med. Shaff Phys. 1/3/72
JUAN A. BELTRAN N	YDDEGREE MARYLAND GENERAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMET	TERY OCREMATORY 24D. LOCATION (City, town, or county) [Slote]
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250 DINEAL DURCTOR DA ADDRESS
JAN 1 0 1972 Jan 2 2 1	Job Levinson & By



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

	BALTIMORE CITY	HEALTH DEPARTMENT		
B-410 72 001	10.01-7	TE OF DEATH	REG. NO	20 111177
I. NAME OF DECEASED	CERTIFICA		AND HOUR OF DEATH	
(Type or Print) /CLARP, META			5-72	1 ///24 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD		here deceased lived. If it	nstitution: residence before admission
FULL NAME OF HOSMITAL OR INSTITUTION ADDRESS OR LOCATIONI	TITUTION, GIVE STREET	MARY LAND	D INS	2831
SINCE HOSPITAL OF BUTTING	oe Tak;	BALTIMORE		YES NO
4		E. STREET AND NUMBER		
		6616 VINC	CENT LANE	
5. SEX 6. RACE 7. MARRI	= =	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MIDOM	OF BUSINESS OR INDUSTRY	10-27-04	67	
done during most of working life, even if retired)		II. BIKINFLACE (State of to	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOME	BERLIN, GERM		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
UNKNOWN MELAWER		UNKNOWW		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	215-30-7386	MR. PETER F. F	RUSSEL, 2700	SUMMERSON RD. #2120
18. 0 // 4	CAUSE OF DEATH	1	, , , , ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				BETWEEN ONSET AND DEATH
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the above cause IA) stating to the above cause IA.		Thoracoplasty,	Chronic brown	र्जाण (इ
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 194-Date of Operation 198. Condition for Was Performed	1 Inteppe	ronate FIDH	syndrone	2 days
19A-DATE OF OPERATION 19R CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes of I	No. 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
O 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	TR. PLACE OF INJURY (e.g., in ame, farm, foctory, street, office)	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exact location)
OF INJURY (APPROX)	Not While At At Work	21F. HOW DID IN	IJURY OCCUR?	
22. I certify that (1) (this hospital) attended	the deceased from	FR · /-2-	19 72 to	1-5 19 72
that (1) (we) last saw the deceased alive or			Man.	nion death occurred on the date
and hour and from the causes stated abave.	(I) (We) (did) (did not) vi	ew the hody after death		and detailed on the date
23A. SIGNATURE		and body and death	•	23 B, DATE SIGNED
Jack, Bellack		ding Med.	Staff Phys.	
23C. PHYSICIAN'S	DEGREE	3D. ADDRESS	rnys. —	1-5-72
JACK POLLACK				
	NAME of CEMETERY OF CRES	MATORY 124D.	LOCATION (Cir	ly, town, or countyl (State)
	IEVRA AHAVAS CHE		NDALLSTOWN,	
25A. DATE REC'D BY HEALTH DEPT. 258. NAMI	OF REGISTRAR	25C. FUNERAL DIRECTO		A DDRESS
JAN 1 0 1972 Pale & Jake	ALD.	SOU LEVINSON	& BROS.,6010	REISTERSTOWN ROAD

ATTEMATICAL PROPERTY.

AFF REAL WARRANT

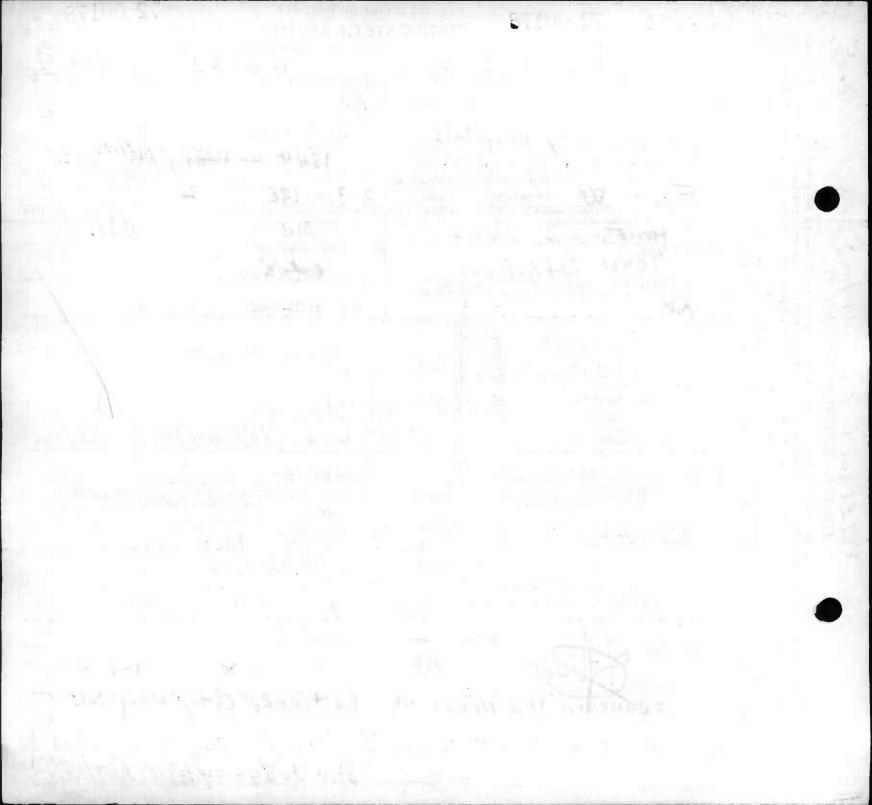
MANUAL DESCRIPTION OF THE WAY

TRANSFER, CERMAN

MM III

is mad or final disposition embaimed are remains

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 6 4. USUAL RESIDENCE (Where deceased lived, Il institutions residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD A. STATE B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? MORE BAIT YES PC NO E. STREET AND NUMBER 4940 Eastern Avenue, Baltimore, Maryland 21223 5. SEX & DATE OF 9. AGE (In years Il Under 24 Hrs. 6. RACE Il Under 1 Y& MARRIED NEVER MARRIED Causcilan WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 116 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME OhNI Rohmer 15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (If yes, give war at dates of service) 6. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS Records: BCH-4940 Eastern Avenue 21224 CAUSE OF DEATH APPROXIMATE INTERVAL 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH INMEDIATE MMEDIATE CAUSE (This does not mean the mode of dying, e.c. heart failure, asthenia, etc. It means the disease injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES JE 10 dAY giving DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL
DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTIFICATION ABETEJ the 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 20R, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSYZ (Yes or No) before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 218 PLACE OF INJURY (e.g., in or about 27G, WHERE DID home, form, foctory, speet, office bidg., INJURY OCCUR? (If in Boltimore City, give exoct locotion) MEDICAL 0 TOME obtained (Month) (Doy) (Yeas) (House 21E INJURY OCCURRED 218, HOW DID INJURY OCCUR? FIRE OF INJURY 5:55 CLOTHES AUGHT ON While At Not While (APPROX) HEATER Work 22. I certify that (1) (this hospital) attended the deceased from that (f) (we) last saw the deceased alive on. and that in (my) (our) opinion death occurred on the date pe and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. he body was released must An accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. approval DEGREE 23C. PHYSICIAN'S FOUNCISCO JOSE 23D. ADDRESS prior Negri at 4940 Eastern Avenue, Baltimore, Md FRANCISCO OJE EGA was D.O.A. DEGREE 24A BURIAL CREMATION, CEMETERY 24C, NAME of GREMATORY 24D. LOCATION (City, town, or county) eceased decease shows: 258. NAME OF REGISTRAR 25A. DATE REC'D SY HEALTH DEPT. VS 150-REV. 1/1/68



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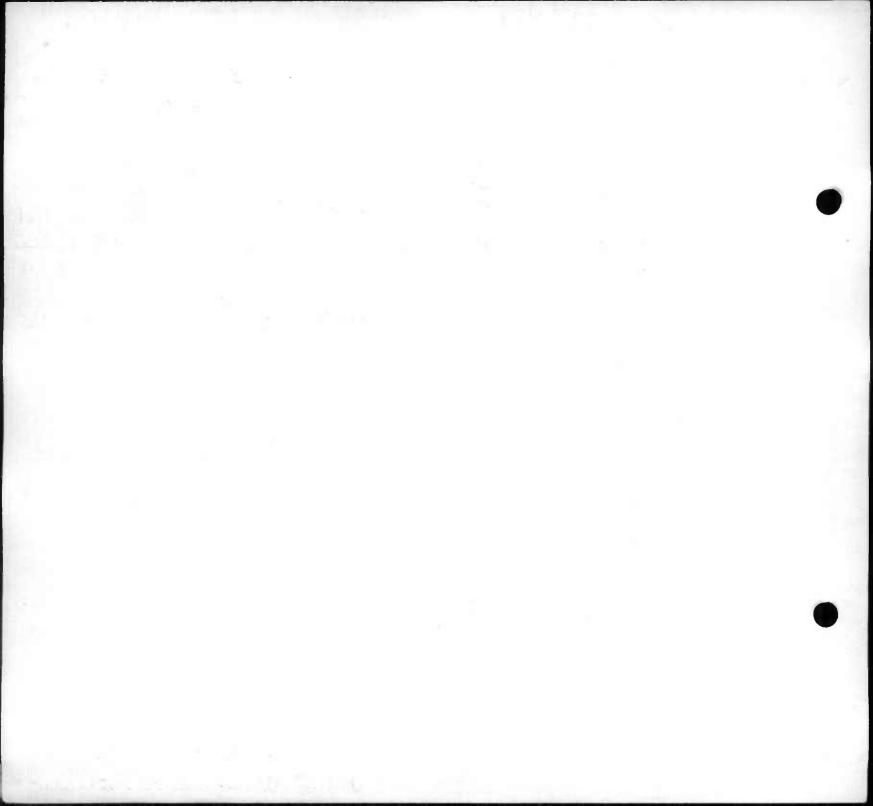
B-260	72	00170	BALTIMORE CITY	HEALTH DEPAR		REG. NO.	2 0012	le le
BIRTH NO.			CERTIFICA	TE OF DE	AIH			-
1. NAME OF DEC	ANNA	BAK	ER			OUR OF DEATH	13:	40 A
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where de	ceased lived. If in		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTIT	UTION, GIVE STREET	Mary and	b. COUNT	BALTO		5300
INSTITUTION				7. 0/	1012	D. INSI	IDE CITY LIMITS?	W0[] =
SINM HE	spital of B	aktimol	LE .	E. STREET AND		ct.	YES [_]	NO
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In veors	If Under 1 Yr.	, If Under 24 Hr
FEMALE		WIDOWED	DIVORCED	6-3-6	39 lost	birthdoy	Months Doys	Hours Min.
done during most of w	PATION (Give kind of work rorking life, even if retired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign c	ountryl	12. CITIZEN OF	WHAT COUNTE
HOUSEW	•	ΔТ	HOME	RUSSIA			0.	S.A.
13. FATHER'S NAM		, AI	HOME	14. MOTHER'S M	AIDEN NAME			
LOUIS	MS OLSON			SARAH	?			
	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	•			
(Yes, no or unknown) NO	(If yes, give wor or dote	s of servicel	SECURITY NO. 081-09-8550D		RD CARP.,	3403 WIN	ADDR TERSET CT	
18. define f	9-21		CAUSE OF DEATI	4			APPRO	OXIMATE INTERVAL
DISEASI	OR CONDITION DI	RECTLY					BETWEEN	N ONSET AND DEAT
	LEADING TO DEATH		(A)IMMEDIATE CAU	SE acute	pulmona	veu Edem	1a	
(This does no	il mean the made of isthenia, etc. It means	dying, e.g.,		A CONSEQUENCE C	F:			
injury ar comp	tication which caused	death.)						
A	NTECEDENT CAUSES		apterios	schoolie H	y pertenci	ve carphio	visco land	NOFACE
DISEASES OF	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE		***************************************		***************************************
rise la lhe	abave cause (A)	stating the						
UNDERLING	CONDITION last.		(C)		***************************************			
OTHER SIGNIFIC	II CANT CONDITIONS COI BUT NOT RELATED TO TH	HE TERMINAL	***************************************					
O OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	OPERATION OPERATION 19R CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 201 IN	L IF YES, WERE F	INDINGS CONST	DERED
OR CONTRIBUT	T WAS UNDERLYING CING CAUSE OF	21B, hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHI	ERE DID DCCUR?	(li In Boltimore	City, give exoct	lo cotion)
O 21D. TIME	(Month) (Doyl (Year)	(Hous) 21E	INJURY OCCURRED	21F. HOV	V DID INJURY	OCCUR?		
S OF INJURY		Whi Wor	le At Not While					
22. I certify t	hat (I) (this haspital) attended th	ne deceased from		19	to		19
that (1) (we) [ast sow the decease	d alfve an	346 Am 5 JAn	1972	and that in	(my) (aur) apin	itan death accu	
and hour and	from the Eduses stat	ed above. (I	(We) (did) (did nat) vi	ew the hady after				1110 001
23A. SIGNATUR	E	00		The Body dite			23B. DATE SIGN	ED
	trill 1	Wir		ding Med			1/5/2	2
23C. PHYSICIAN	rs	1	DEGREE Phys.	3D. ADDRESS	ctor L Phys.	4	1 11	_
NAME (Typ	oe).	OPFZ :	IS MD	Sinai H	DSATURE	8 BAIN	MORE	
24A. BURIAL CREM REMOVAL (Sp	ATION, 248, DATE		DEGREE OF CEMETERY OF CREE	(3	24D. LOCAT	1	y, town, or county	(Stote)
BURIAL		BNA	I ISRAEL		BALTIN	ORE, Mary	rland 94	
25A. DATE REC'D E	1972 Beat			25C, FUNERAL	DIRECTOR	OS.,6010	ADI	TOWN DOAD
VS 150-REV. 1/1/68				POM LLVII	TOOK PU DI	,0010	WETO I PKO	TOWN ROAL

Extending the Teach Control of the C

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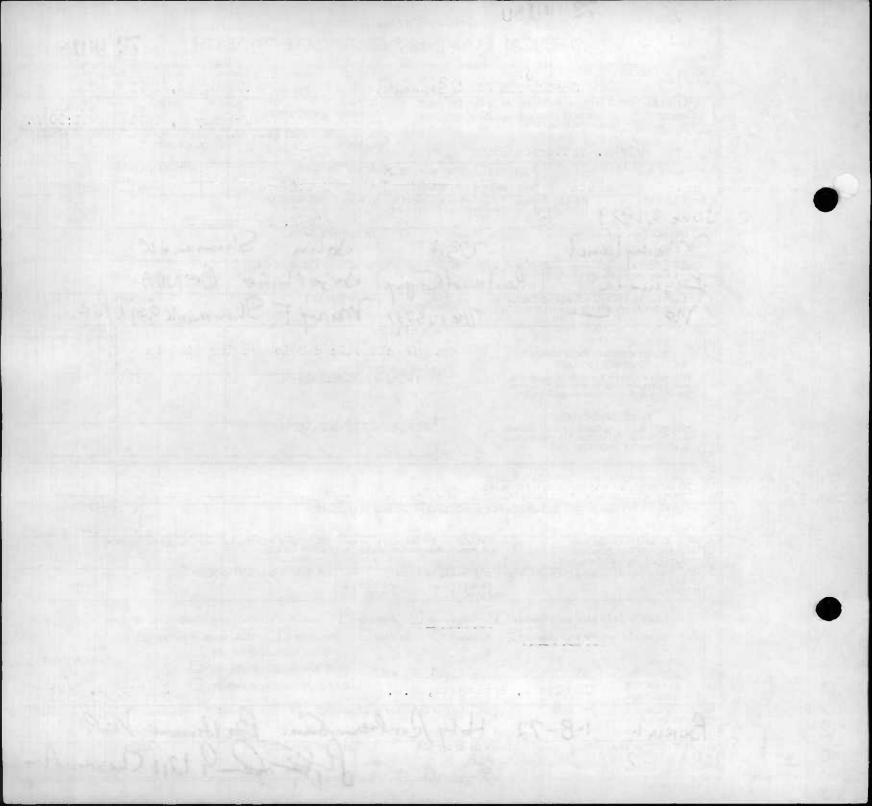
h occurred in a hospital and contributing cause of death etermined cause; (5) Deceased Such LO death. ance attend 0 prior regular deceased BE dispusition = 0 (4) Und Was the death 0 kind; or final attendance any pronounced embalmed fracture of regular are = physician before the remains the chief medical burns; Was No physician the where to the hospital any nature; obtained 9 roved (except and 99 death) hospital he body was released must accident P written approval 0 prior at shows: (1) deceased 0.0 Was

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED DATE AND HOUR OF DEATH (Type or Print) 3 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? ALTIMORE YES X NO [E. STREET AND NUMBER SECOUR 5. SEX 6. RACE 9. AGE (In years MARRIED NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours i Min. lost birthdoy Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL ADDRESS SECURITY NO. 0 18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION JOSL 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Bollimore City, give exoct location) MEDICAL DEATH (notify medical examined 21 D. TIME (Month! (Doy) (Year! (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from NKE 1-4-11 that (1) (we) last saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B DATE SIGNED Attending Bandil Director 十5-72 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) BANDITH DEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATOR REMDVAL (Specify) (City, town, or county) (Stote) LOUDON PARKLEMETERY REM ATION JAN 10 1972 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

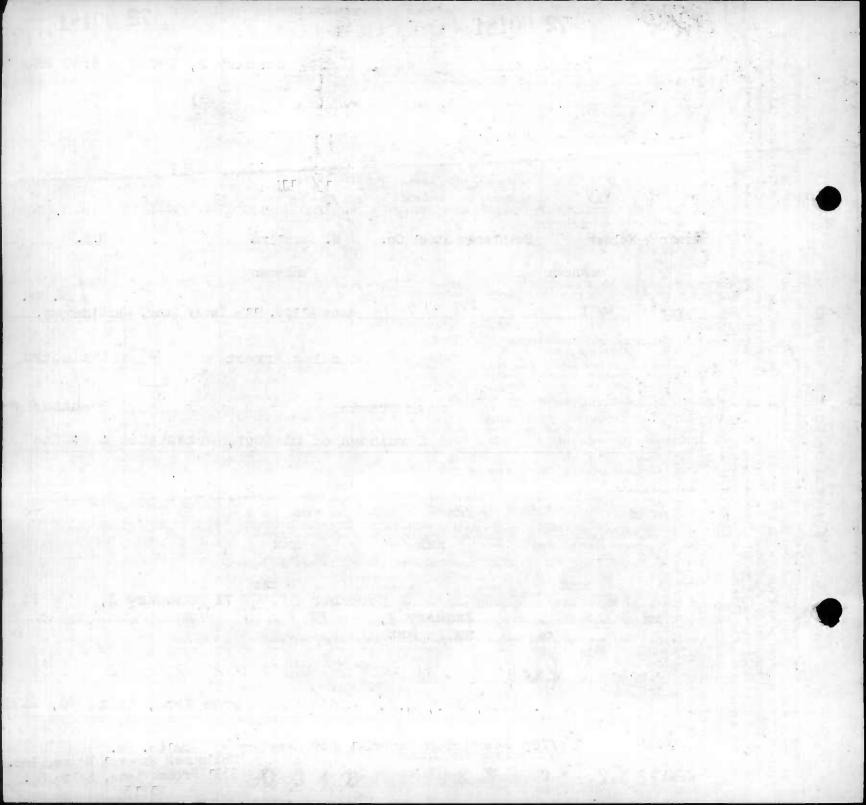


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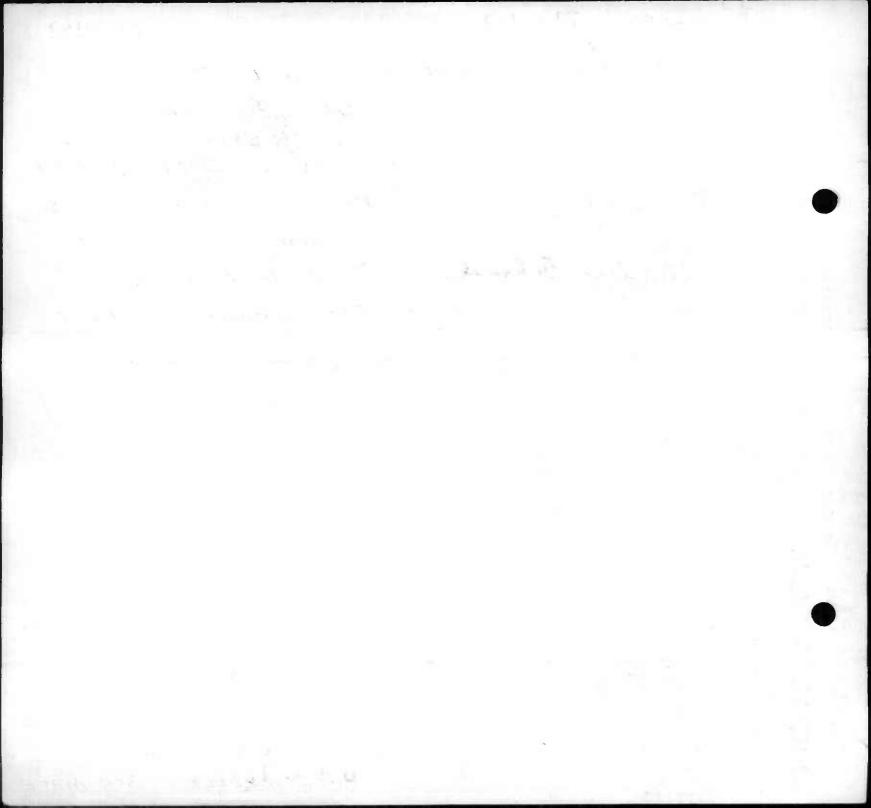
5-554 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH DEG NO TO SAIL	
BIRTH NO.	REG. NO.	
I. NAME OF DECEASED Type or Print) TOCKEDIA CHITMANER	2. DATE Known IX Month Day Year Hour OF DEATH Estimoted I January 6, 1972	
JOSEPH SHIMANEK (Shinnick	DEATH Estimoted January 6, 1972	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	A.M.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission	
829 N. Patterson Park	A. STATE Maryland B. COUNTY 703	
5. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Male White WIDOWED ☐ DIVORCED ☐	Baltimore YES 🔀 NO 🗌	
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 82		
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Shumanek.	
4A. USUAL OCCUPATION (Give kind of work! 14B. KIND OF BUSINESS OR INDUSTRIBLE OF MARKET OF THE WORK OF	I Lacolina Denina	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18-INFORMANT ADDRESS)	2.1
Yes, no or unknown) (If yes, give wor or dates of service) 7/6/123737	Mary t. Themanak 829 Northersen	K.M.
19. CAUSE OF DEA	SETWEEN ONSET AND	
PIOLITIC ON CONTENTS IN CONTENTS	lerotic cardiovascular disease	
(This does not meon the mode of dying, e.g., (A) IMMEDIATE: OUE TO, OR	CAUSE AS A CONSEQUENCE OF:	
heart follure, asthenio, etc. it means the disease, injury or complication which coused death.)	NA CONSEQUENCE OF	
ANTECEDENT CAUSES (R)		
	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or	No)
<u>.</u>	No	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g. home, form, factory, street, offi	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ce bidg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NO	T WHILE	
23.	WORK	
	utopsy and that on this basis, death in my opinion	
resulted from: Notural couses Accident Suici	de Homicide Undetermined monner	
ACTUAL (8) 10 1 1	CHIEF MEDICAL EXAMINER DATE SIGNE	ED
SIGNATURE CLEANS D. M. M.	D. ASSISTANT MEDICAL EXAMINER X	
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER L. January 6, 1972	
24A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY 24C. NAME of CEMETERY 24C. NAME of CEMETERY 24C. NAME of CEMETERY	or CREMATORY (24D. DEATION (City, town, or county) (Stote)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25 C. DUNERAL DIRECTOR ADDRESS	
IAN 10 1972 W.S. E. C. M. M. A.	July Com 1211 Ches Aco A	14.
VC 151 DEV 3/1/10		



	E-420 CERTIFICA	A TE OF DEATH REG. NO.
and eath ased the Such		ATE OF DEATH
dea dea eas n t	NAME OF DECEASED Type or Print) Joseph Ellis	January 2, 1972 6:00 PM
0 0 0 -	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
hospituse of (5) De dance death	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
in a ng ca cause attention to	God Samaritan Hospital	Lansdowne YES NO _
ep die	73	Kessler ct. 3310
ntribu rmine egula ased s mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF STRIP 9. AGE (In years left Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
h co	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
if deor	Burner & Welder Bethlehem Steel Co.	N. Carolina U.S.
A . E Y	unknown	unknown
al al	16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS W. Va.
t th f th y ki d d d d ance	yes WW I 217.07.9674	Attitude by Land Barrier Barri
nedical examiner or l edical examiner. Als ourns; (3) A fracture o nysician who pronou n was in regular att emains are embalme	heart tailure, astheria, etc. If means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the place cause (A) stating the	remia 2 months inoma of bladder, metastatic 6 months
dy le plicia	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ch Bo Bo th th re t	none xxx	yes
tal by b; (2) here No ph befor	21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	, in or obout 21 C. WHERE DID (If In Boltimore City, give exoct location) office bldg., INJURY OCCUR?
ed by nospi ature pt w (6) r ined	21 D. TIME (Month) (Doy) (Yeor) (Hourl 2) E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	
y n xce	22. I certify that (this haspital) attended the deceased fram.	
dpp to the fan fan (e) (e)	that (1) (43) last saw the deceased alive an January 2	19 72 and that in(my) (ass) apinian death accurred an the date
0027	and have and from the causes stated above. (1) (did) (did not)	view the bady after death.
relea accide t a hos or to d	23C. PHYSICIAN'S NAME (Type)	thending Med. Director Shaff Med. Director Phys. D 123 D. ADDRESS
y was r y was r 1) An a 2.A. at c d prior	George H. Sack, Jr., M.D. CALL SURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
	REMOVAL (Specify)	
	BURIAL 1/6/72 Meadowridge Memo	Priat Park Cemetery v Balto. Md. 25C. FUNERAL DIRECTOR Schimunek Funeral Andrews, Inc.
This the show was dece	JAN 10 10 Robert E Railey 200 1	3331 Bfehms Lane, Balto Md.
	VS 150-REV. 1/1/6B	21213



1	5-601	72	0018	BALTIMORE CIT	Y HEALTH DEPARTMENT		20 00400 4
BI	RTH NO. 72 -		1	CERTIFICA	TE OF DEATH	REG. NO	72 00182 4
113.	NAME OF DECEA	SED	1	- 6 00	2. DATE, A	NO HOUR OF DEATH	
3.	PLACE IN BALTI	MORE MARYLAND,	WHERE DRO	E SCHRACK		2 11 A	M. litution: residence before admission)
					A. STATE B. COU!	411	
H	ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LO	ITAL OR IN	STITUTION, GIVE STREET	c. CITY OR TOWN		DE CITY LIMITS?
	linei	Hospital			E. STREET AND NUMBER	ESSEX	YES NO 4
	42				1608 Re	newood	Rd. # 21
	F	White	WIDOW		11/4/72	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Menths Doys Hours Min.
10.	A. USUAL OCCUP.	ATION (Give kind of working life, even it retired	rk 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	bacy				MD		USA
13.	FATHER'S NAME		0.0	4	14. MOTHER'S MAIDEN NA	ME	
	Cha	iles!		iack	marie	BOWERS	So X
15. (Ye	Was Deceased Exs. no or unknown)	er in U. S. Armed F. yes, give wor or do	orces? les of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			-	CHAS. SOL	+ RACK	A BOUT
	DISEASE	OR CONDITION D	IRECTI Y	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LE	ADING TO DEATH		(A)IMMEDIATE CAL	ISE respector	y arrei	1
	heart foilure, as	mean the mode of thenio, etc. It mean cation which cause	s the disea	()	A CONSEQUENCE OF:	1	**************************************
		TECEDENT CAUSE		Bush	is Mentr	an e	
	DISEASES OR	CONDITIONS, if	any, giv	ing (B) DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING	above couse (A)	stoling	the (c) Sept	4 ??		
_		11					
OF OF	TO THE DEATH I	NT CONDITIONS CO	THE TERMIN	IG AL			
ICA	INITERSE OF CON	DITION GIVEN IN PA	RT I (A).	OR WHICH OPERATION	20A. ATTOPSYZ IYAS OF NO	I 208 IF VSC WERE CIR	NOINGS CONSIDERED
CERTIFICATIO	Ō	WAS PE	RFORMED		20A. AUTOPSY? IYes or No	IN CERTIFYING CAUS	SES OF DEATH?
CALC	OR CONTRIBUTED DEATH (notify me	WAS UNDERLYING OF edical examined		21B PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	n or about 21C, WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct location)
MEDI	21 D. TIME (N	Aonth) (Doy) (Yeorl	(Houd)	TE INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
>	(APPROX.)			While At Work Work Not While At Work	° 🗆		
	22. I certify the	et (1) (this hospite	l) attende	d the deceased from	Jan 4	1972 to	19
	that (I) (we) la	st sow the deceas	ed alive o	n	19and the	at In(my) (our) opini	on death occurred on the date
	and hour and fr	om the couses sto	ted above	. (1) (We) (did) (did not) v	lew the body ofter deoth.		
	23A. SIGNATURE	1 0		Aug	nding Med.		38. DATE SIGNED
	23C. PHYSICIAN'S	ory		OEGREE Phys	Director L	Phys.	1/4/72
	NAME (Type		Cal		23D. ADDRESS	·.a. 1	
24/	BURIAL CREMA	TION, 24B, DATE	(JOLI	OEGREE NAME OF CEMETERY OF CRE	Zinar for	pites	
	REMOVAL (Spec	1/6/-	79	40116	240. 14	CATION ICITY,	town, or county) (Stotel
25/	DUN 14	HEALTH DEPT.	25B. NAM	E QE, REGISTRAR	25C, FUNERAL DIRECTOR	HLTO. M	ADDRESS
	JAN 10 1	972 Kabasa		CAN 0 0	J.G. CON	NELLY	300 MACE
VS	150-REV. 1/1/68						



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	7.456 72.00	BALTIMORE CITY	HEALTH DEPARTMENT	Y 70	00162
BI	-456 72 () (CERTIFICA	TE OF DEATH	REG. NO.	margo -
1. (T	NAME OF DECEASED	/		HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	-72	7 /PM.
		INSTITUTION, GIVE STREET	A STATE B COUNT	Balto. (o.	residence before admission/
H	OSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
1	to LutheraN		E. STREET AND NUMBER	YES [NO.
			2310-131	rch, DN.	
5.	M	RRIED NEVER MARRIED	, 1	AGE (In years II Un	der 1 Yr. Il Under 24 Hrs. si Doys Hours Min.
10.	LUSUAL OCCUPATION (Give kind of work 108, KI)	OWED DIVORCED DIVORCED DIVORCED DIVORCED	10-24-97	14 has 51	TITEL OF WILLY CONTINUE
do	lectrical (rontractor	Electrical	Maryland		TIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	Creconcar	14. MOTHER'S MAIDEN NAM		2 3 71
	?		?		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or doles of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	lo	216 12 2841	Charles E. Cha	lmers Jr. 1120	Wedgewood Rd.
	18. 4 OI	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAU	Chronic B	rain	
	(This does not mean the made of dying, heart failure, asthema, etc. It means the dis	e.g., DUE TO, OR AS		4ndrome	****************
	injury or complication which coused death.) ANTECEDENT CAUSES	Canal	16VA HO	2-4	9 days.
	DISEASES OR CONDITIONS, if any,	DUE TO, OR AS	A CONSEQUENCE OF:		
	nise In the above cause (A) sloting UNDERLYING CONDITION (as).	1he	6	asture	
	II	(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A).	ING INAL	TO TO BOOK BOOK OF THE STREET		
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID	(if In Boltimore City, g	lve exact location)
MEDICAL	21 D. TIME (Month) (Doy) (Yearl (Hour) OF INJURY	21 E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
Z	(APPROX.)	While At Not While			
	22. I certify that (1) (this haspital) otten	ded the deceosed fram /2	- 28 19	7/_ta/	-5 1972
	that (I) (we) lost sow the deceased olive		19.7.2ond that	in (my) (aur) apinion de	oth accurred on the date
	and hour and from the causes stated abo	ve. (I) (We) (did) (did nat) vi	ew the bady after death.		
	23A. SIGNATURE S. J. Kar	bhati Atten	ding □ Med. □ St	23 B, D A	TE SIGNED
	23C. PHYSICIAN'S NAME (Type) D. S. KAK	DEGREE Phys.	Med. St. Director Ph	yel /-	5-0/2
	NAME (Typet D. S. KAK	N.D	Luther	an Hospi	tal
244	BURIAL CREMATION, 24B. DATE 24B. REMOVAL (Specily)	C. NAME of CEMETERY of CRE	MATORY 24D. LOC	CATION (City, town,	or county) (Stote)
	Burial 1-8-72	Woodlawn Cem.	Wan	dlawn Balta	Co Md
25A	JAN 10 1972 36 6 E. 3	ME-OF REGISTRAR	25C FUNERAL DIRECTOR John 7. Stan	sbury 6411 Wil	rdsor Mill Rd.
VS	150-REV. 1/1/68		1 (/	<u> </u>	

Chrome Braine Syndreme Congastave Heart

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

(1) 240 72 001	BALTIMORE CITY	Y HEALTH DEPARTMENT		en ontor
11) 240 BIKITY NO.	CERTIFICA	TE OF DEATH	REG. NO	722 (410 5.4
Type of Pantl MRS. R	ITH A. WEEKI		AND HOUR OF DEATH	401
3. PLACE IN BALTIMORE MARYLAND, WHERE PR		// USUAL RESIDENCE IWI	AH-5-1973	
FULL NAME OF OF NOT IN HOSPITAL OR II		Maryland		2844
HOSPITAL OR ADDRESS OR LOCATION)	TOTAL OF THE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
0	. //	Baltimore		YES NO
EDGEWOOD NURSI	NG HOME	E. STREET AND NUMBER 806 Wicklow		
5. SEX 6. RACE 7. MAP	RIED NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years	If Under 1 Ys. If Under 24 Hrs. Months: Days Hours Min.
T WIDO	WED DIVORCED	9-9-1897	last birthdayl	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or fo	reign country)	12 CITIZEN OF WHAT COUNTRY?
Homemaker		West Virg	rinia	U.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN N		0.0.22
The ample Towns		Charlott	e H	amilton
Thomas Long 5. Wes Decoused Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown!) lif yes, give war or dates of sen	0-00-00	D		
No	216-40-1171 CAUSE OF DEAT		. Weekly, 4	21 Greenlow Rd. 2122
16. E 9 471X				BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	/NTesTI	WAL NECKOS	5/5-	4mas -
(This does not mean the mode of dying,	(A) IMMEDIATE CA	A CONSEQUENCE OF:		
heart failure, astheria, etc. It means the dis injury or complication which caused death.)	dee,	A CONSEQUENCE OF		
	11stor	time	1.01. 1	
ANTECEDENT CAUSES	(8)	tion - Esmp	ICBTION FR	ong
DISEASES OR CONDITIONS, if any, g		A CONSEQUENCE OF		
UNDERLYING CONDITION lost.	(c) /44/A	Dun Mesh He	EMIN KADI	1R- 2-34R5-
OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		100	Nav 200 10 950 W/50	THE CONTRACTOR
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A-AUTOPST7 (Tee et	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY le.g.	in or about 21C. WHERE DID	(if in Ballim	ore City, give exact lacation)
< DEATH (notify medical examined)	etc.)	mice sings merous occoss		00-00
O 21D. TIME (Month) (Day) (Year) (Hous) OF INJURY	21E INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
E (APPROX)	While At Not Whi	le 🗀		
	Work L At Wark	12/19		1/
22. I certify that (1) (this hospital) attended	ded the deceased from	2/2/	_19 <u>/</u> to	1972
that (i) (we) last saw the deceased alive	on	19ond	that in (my) (our) of	pinian death occurred on the date
end heur and from the causes stated aba	ve. (i) (We) (did) (did net)	view the bady after deeth	3.	
23A. SIGNATURE	111			23 R. DATE SIGNED
aninony + ano		ending Med. Director	Staff Phys.	1-5-1972
23C. PHYSICIAN	DEGREE	23D. ADDRESS		1 00. 0
ANTHONY F CAROZ	JA MD	5217 YOR	KRd RY	170 Mel 21212
	C. NAME of CEMETERY of CI	REMATORY	LOCATION	City, town, or county) (State)
REMOVAL (Specify)	ANTHUR OF ATMITTERS OF CO	2400	avenied (-ing to might to the control of the
Buria1 1-7-1972	Baltimore, Nati			Maryland
	ME OF REGISTRAR	25C. FUNERAL DIRECT	27	ADDRESS
JAN 1 1 19/2	sulfay A.D.	Howard H Hub	Hard, 4107	Wilkens Ave. 21229
VE 150 051/ 1/1//0 15 /	TATA MARKA			

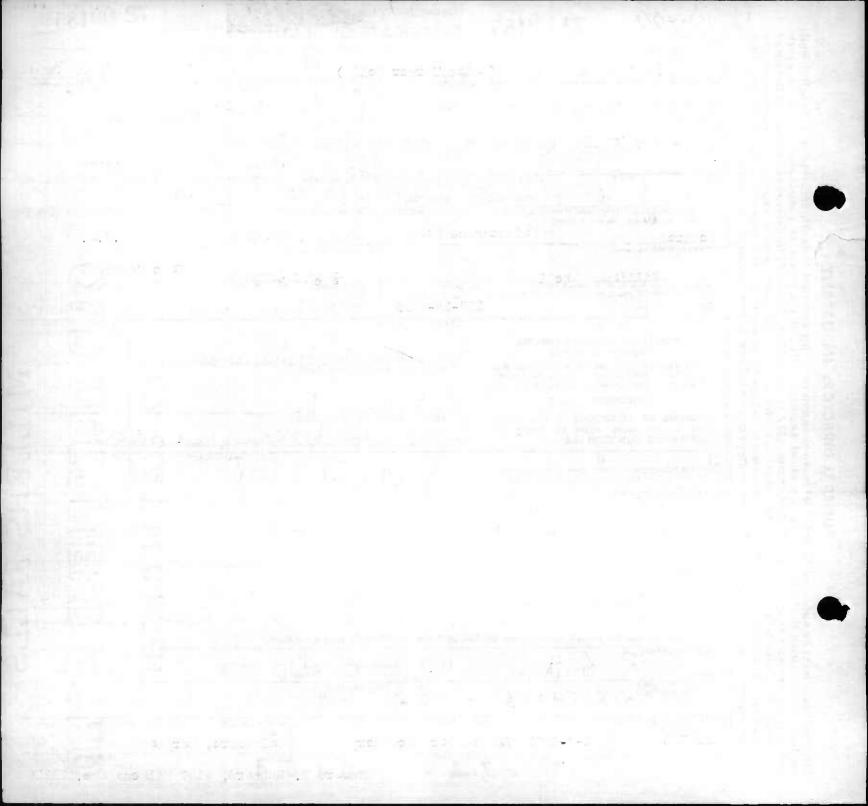
CA CONTRACTOR

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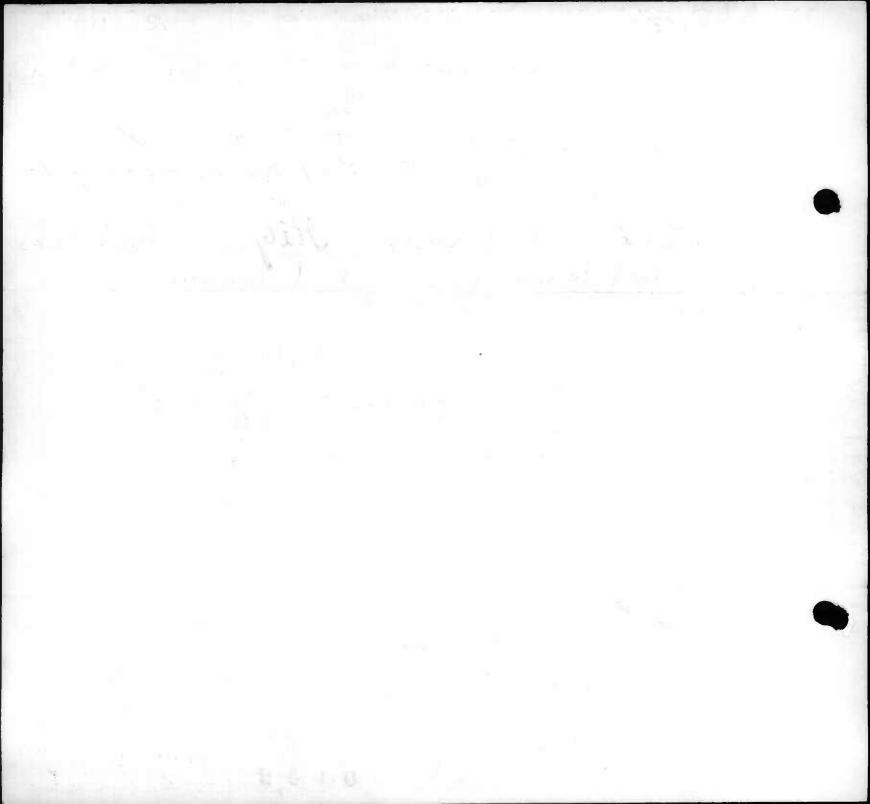
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16	3-40	6	00185		HEALTH DEPARTMEN		72 00185
	NO.		1.000	CERTIFICA	TE OF DEAT	H	
	ME OF DEC	1 - 1	Bell. (Also Turner	100	E AND HOUR OF DEATH	111.00 aum.
3. PL			WHERE PRONO		4. USUAL RESIDENCE	Where deceased lived. If it	nstitution: residence before admissiant
FUL! HOS INST	L NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	Harry au	d 21227	IDE CITY LIMITS?
13/	11.	- 11-	1	11 ' - 1	Ballinear	e	YES NO
		Ballimore d	general	nospital.	321 Ja	nice Ave.	21227
5. SE	×	6. RACE	7- MARRIED WIDOWED		12 9 TG.	9. AGE Un years lost birthdoyl	Il Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
		UPATION (Give kind of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale of		12. CITIZEN OF WHAT COUNTRY?
_	etired	working may aven it removed		nance Mann	Ballo: Ma	aryland	U.S.A.
	ATHER'S NA	ME			14 MOTHER'S MAIDEN		
	T.7	illiam Rei			VVVVVVV	Ja	ne Townsend
15. W	as Deceased	Ever in U. S. Armed Fo	ices?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	>waseaa	ADDRESS
No				217-26-4955	R. Sinita	ra. coult B	altiture Genral Horos
1	8. 56	041	,	CAUSE OF DEAT		. () ()	APPROXIMATE INTERVAL
	DISEA	SE OF CONDITION D			,		BETWEEN ONSET AND DEATH
	This does	LEADING TO DEATH not mean the mode of		(A) IMMEDIATE CAL		uluonia	***************************************
1	neart faiture,	asthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
	* *	nplication which caused ANTECEDENT CAUSES	4		L 11 1		
,		OR CONDITIONS, if		(B) UNID	A CONSEQUENCE OF:		
i i	ise to th	e above cause (A)		0.1	-	14. 11 1	1 + 1
	JNDERLYING	G CONDITION last,		(c) PCA1.	operative (- durant proper	COUNTRIES.
II E II	O THE DEAT	II FICANT CONDITIONS CO IH BUT NOT RELATED TO	THE TERMINAL	Supel	bowel obs	metin ca	dhuir
S I	ISEASE OR C	ONDITION GIVEN IN PA	RT 1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes	or Nail 20B. IF YES. WERE	FINDINGS CONSIDERED
	12.	WAS PE	Wind	obstruction.		IN CERTIFYING CA	USES OF DEATH?
10	A ACCIDE	NT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., i	n or about 21C, WHERE DI	D (If In Boltimar	e City, give exect location)
	EATH (notify	medical examined	elc	e, torn, luciury, sireet, or	ince biog., injust occur		
	D. TIME	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
2 (APPROX.)		Whi	le At Nat While	° 🗆 _		
2	2. I certify	that (1) (this hospita			2-6 -	19 71 to 1	- (- 10 72
11 (last saw the decease		1 - 5	- 19 72 on		nton deoth occurred on the date
		•		(We)_(did) (did not) v	iew the body ofter dec		
	A. SIGNATU	JRE / 11		1.0			23 B. DATE SIGNED
		K. Sirit	para	H-D Atte	nding Med.	Shoff Phys.	115/72
2;	NAME IT	Mrs ypel SIRITH	ARA	DEGREE	23D. ADDRESS,	Balliuire le	word Unenital
24A.	BURIAL CRE	MATION, 248. DATE	24C.NA	DEGREE OF CRE		V	the second of the second
	URIAL	Specily)					ly, town, or county) (State)
		1-8-1	258. NAME O	idon Park Ceme	25C. FUNERAL DIREC	altimore, Mar	
	JAN 10	1972 Billion	C. Falls				Wilkens Ave. 21229
VS 15	0-REV. 1/1/	68					



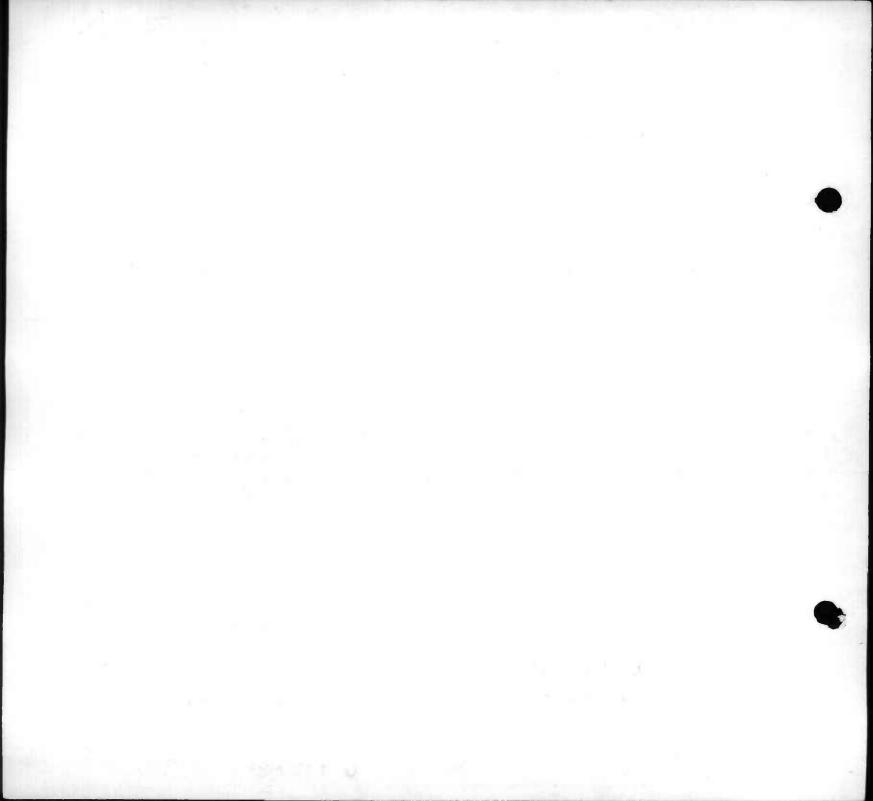
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5-230	BALTIMORE CITY	HEALTH DEPARTMENT	7/0	00186
BIRTH NO. 72 0018	6 CERTIFICA	TE OF DEATH	REG. NO.	00199
(Type of Print)	ITI BART NA	2. DATE AND	HOUR OF DEATH	. 6.35
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where A. SIAJE B. COUNTY	deceased lived. If institution	HAA
FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Med		2,748
NO CARRIER GE	N. HOSP	C. CITY OR TOWN Bres	D. INSIDE CITY	
49 BACTO	- MD. 2018	E. STREET AND NUMBER	reflerend	Rd Cut 1A
WIDO WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	10-20-1903 las	68	der 1 Yr. V Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of work 10B, KII done during mast of working lite, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Stote or foreign		ITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	111-mon/201	States	[4	MITEDSTATES
not bear.	~~	14 MOTHER'S MAIDEN NAME		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [III yes, give wor or dates of ser	vicel 16. SOCIAL SECURITY NO.	17. INFORMANT	Noun	ADDRESS
NO	169-05-5236	MARY SACEITE	TTI- SPOUSE	1509. Sherwood
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATI	Λ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Ant. M.I.	& Pnenn	tries
(This does not meen the mode of dying, heart failure, asthenia, etc. It means the dis injury ar complication which caused death.)	9.0	A CONSEQUENCE OF:	Rt Lung	***************************************
ANTECEDENT CAUSES	CHF,	Cardiomogal	Y. CVA	
DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating	iving (B)	A CONSEQUENCE OF:	4	
UNDERLYING CONDITION last.	(C)	\$ A 2	CAD	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATION	ING			
Ulisease or Condition Given in Part 1 (A).	***************************************	[20A-AUTOPSY? (Yes or No)] 2	OB. IF YES, WERE FINDING	S CONSIDERED
WAS PERFORMED		No "	OR IF YES, WERE FINDING N CERTIFYING CAUSES OF	DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID	(If In Boltimore City, g	ive exoct location)
OF INJURY (Month) (Doyl (Year (Hour)	While At Not While	21F. HOW DID INJURY	OCCUR?	
(APPROX.)	Work At Work			
22. I certify that M (this hospital) attend that (1) (66) last saw the deceased alive	led the deceased from		12-10 - 5	1972
and haur and from the causes stated above			n(my) (dust apinion de	ath occurred an the date
23A. SIGNATURE				ATE SIGNED
23C-PHYSICIAN'S NAME (Type)	Phys.			-5-72
NAME (Type) Dr. KRULEVITE	(ATTENDING PLY)	3D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCA	TION (City, town,	or countyl (Stotel
Bunce 1-8-72 (DUEENOL HEAL		wray Wash	Lucton, Penua
JAN 1 0 1972 R. G. S. C. S.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS !
VS 150-REV. 1/1/68		III MONNAS EL	competo	a Bolen



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approthe body was released to the shows: (1) An accident of any was D.O.A. at a hospital (excdeceased prior to death); and written approval must be obta

	7 200 TO DOLLA CERTIFICA	THEALTH DEPARTMENT REG. NO. 72 00187 4					
	BIRTH NO. 72-00626 CERTIFICA						
	(Type or Print) 72 1	2. DATE AND HOUR OF DEATH					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	1-4-12 7:30 H.M. [4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)					
		A. STATE B. COUNTY					
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 2864					
	NOTITITIZAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	242 /	E. STREET AND NUMBER					
	BON SECOURS HOSPITAL	4304 HOELLE TERRACE - APT. 301					
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	Therefore Mills					
	F B WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) 1 J-3-72 9. AGE (In years Months; Doys Hours; Min.					
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY						
	done during most al working lile, even if refired)	MARYLAND					
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	THOMAS KOYSTER	THERESA LUCILLE LINDSAY					
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war at dotes of service) SECURITY NO.	17. INFORMANT ADDRESS					
	SECORIT NO.						
╟	18. 7 79 CAUSE OF DEAT						
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
	LEADING TO DEATH	USE Atelestario of Muses hours					
		A CONSEQUENCE OF:					
II	injury at camplication which caused death.)						
-	ANTECEDENT CAUSES Pre matin	E! TM					
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:					
	UNDERLYING CONDITION last (c) Letech	red heprorrhages of plellers how					
	11 11/10	ica allim, sederidaya awixi					
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING STORY	in mark happale map in the					
-11	IDISEASE OR CONDITION GIVEN IN PART 1 (A).	a pre source passinsano					
	19A. DATE OP OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	U 21A ACCIDENT WAS UNDERLYING 218 PLACE OF INTURY (e.g., I	7 Ls Yes					
- 11	U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., I hame, larm, factory, street, at DEATH Inotify medical examines)	n or about 21 C. WHERE DID (If in Boltimore City, give exact location) (fice bldg., INJURY OCCUR?					
- 11	O)						
	21D.TIME (Manthl (Doy) (Yeerl (Haw) 21E, INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?					
	(APPROX.) While At Work At Work	*□ ,					
	22. I certify that W (this hospital) attended the deceased from	//3 1972 to //4 1972					
	that W (we) lost sow the deceased alive on / 4 19 7 7 and that in (mg) (our) opinion death occurred on the date						
	and hour and from the couses stated above. (1) (We) (did) (did-not) view the body after death.						
	23A. SIGNATURE O	23B DATE SIGNED					
	Ohora Porger Phy	nding Med. Staff Phys. 1/4/72					
	23C-PHYSICIAN'S	23D. ADDRESS					
	DULLE LONG SIKI U.D.	Bon Secons Hopp.					
	DEGREE 124C. NAME OF CEMETERY OF CRE						
	KEMOVAL (Specify)	HOSPITAL ZOZS W. FryetteSt. BALT. M.d.					
	CREMATION 1916 DON SECOURS						
	JAN 1 0 1972	O 25C FUNERAL DISPOSAL ADDRESS					
IF	/s 150-REV. 1/1/68	HOBITTEE DIOT CO.					



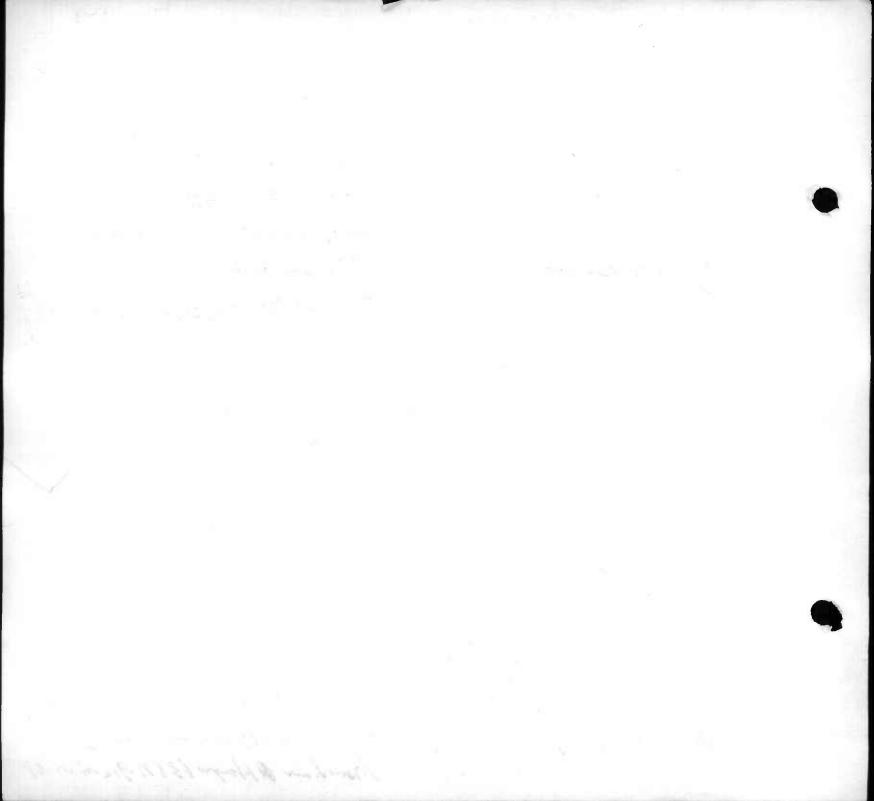
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1	101			BALTIMORE CITY	HEALTH DEPARTMENT		72 00188
BIR) -/ d)	72	00188	CERTIFICA	TE OF DEATH	REG. NO	
	AME OF DECEAS	ED	, 10) 4	2. DATE AN	D HOUR OF DEAT	H
Link	e or Phili	DISERT	L. L	AVIS	JAN	V. 6, 197	2 2:30 A.M.
3.	PLACE IN BALTIM	ORE MARYLAN	ID, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN		institution: residence befare admission)
FU	LL NAME OF	(IF NOT IN H	OSPITAL OR INS	TITUTION, GIVE STREET	19D.		1201
(IN	al about	ICAT	FAM	ENDED-	C. CITY OR TOWN	-	YES NO
	20 2	F 1716	4FIELD	120, 2/16/A	E. STREET AND NUMBER	2	YES NO
		~ . , ,		1116	2 E. HIG.		RD.
S. 5	EX 6.	RACE	7- MARRI	ED NEVER MARRIED		9. AGE (In years lost birthday)	It Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	M	W	WIDOW	ED DIVORCED	6/6/81	90	
				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
1 0	during most at work				COLUMBIA, S. C	3	U.S.A.
1	FATHER'S NAME	NETICIS	7		14. MOTHER'S MAIDEN NAM		
113.	FAIRER 3 NAME				NOTHER S MAIDEN NAM	VIE	
	Ellery Wil	Lliams Da	avis		Annie Wright		
15.	Was Deceased Events, no or unknown) (If	er in U. S. Arme	ed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Thorsby.	Alabama 35171
	, no or oraniown, m	yes, give wore		123-60-1753	Mrs. Robert L	. Davis, 1	24 Summit St.
	18.433	91		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITIO		C0121			
		ADING TO DE		(A) IMMEDIATE CAL		1213	
	(This daes nat heart foilure, ost				A CONSEQUENCE OF!	V 4 - V	
	injury ar camplie			41	0		
	AN'	TECEDENT CA	USES	(a) all	11 sollysis		
1	DISEASES OR	CONDITIONS,	if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF		
	rise to the						
1	UNDERLYING C	ONDITION Ias	51,	(C)			
1		- 11					
ATION	TO THE DEATH B						
A	DISEASE OR CON	DITION GIVEN I	N PART 1 (A).		120 A ALLEGORYS (Vo. o. No.	N OOR IF YES WED	T SINDINGS CONSIDERED
ERTIFIC	DAL DATE OF OF		S PERFORMED	OR WHICH OPERATION	NO	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
2	21A. ACCIDENT OR CONTRIBUTION	WAS UNDERLY	ING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltim	nore City, give exect location)
A	DEATH (notify me			etc.)	neo biog., majori occor:		
010	21 D. TIME IN	Nonth) (Doy)	(Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
MEDI	OF INJURY			While At Not Whil			
	(APPROX.)			Work At Work			/
	22. I certify the	at (I) (this hor	spital) ottende	d the deceased fram	0 C T.	19 26 10 1-	0 - 19 /2.
	that (1) (we) 10:	st saw the de	eased alive o	n	1972 and th	ot In (my) (aler) a	pinion death accurred an the date
		1			iew the bady after death.		
	23A. SIGNATURE	1110 68 636	1	. (17 (957 (957) (818 11817)	Tew the body offer death.		23B, DATE SIGNED
	201	1		Atte	mding Med.	Staff [47.77
	der	Luch	and	DEGREE ""	. , J Director —	Staff Phys.	11/2
	23C. PHYSICIAM'S NAME (Type		1	+	23D. ADDRESS	0	2
	FRAM	1K W. 1	PAVIS JI	P. M.D. DEGREE	11 E. CHA	55 17	BALTON MO.
244	BURIAL CREMA		TE - 240	NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION	(City, town, or county) (State)
	REMOVAL (Spec	1//	172/1	SHNS HOPKINS UN	111. 709	N. NOLKE.	ST. Ran Ma
25.6	. DATE REC'D BY	HEALTH DEST	/ / -	E OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
1234	IRBLA A	NEA () ()	A B A	2 1 0 0	a 11 mm		Former
	LINN TO THE	Laste	E. M. C. C. C.	Show All Park	OF L. SHUPT	+13 2101	I KINIFICK HUE
	150-REV. 1/1/6B	1424	CHEST AND MONTH	739	Nacote Carrent	2/0/	-CH Chitic 1/1/2

2/16/72 - Letter from decedent's wife, Mrs. Robert L. Davis, 417 N. Thomas St., Apt. 3
Arlington, Virginia 22203. &C.

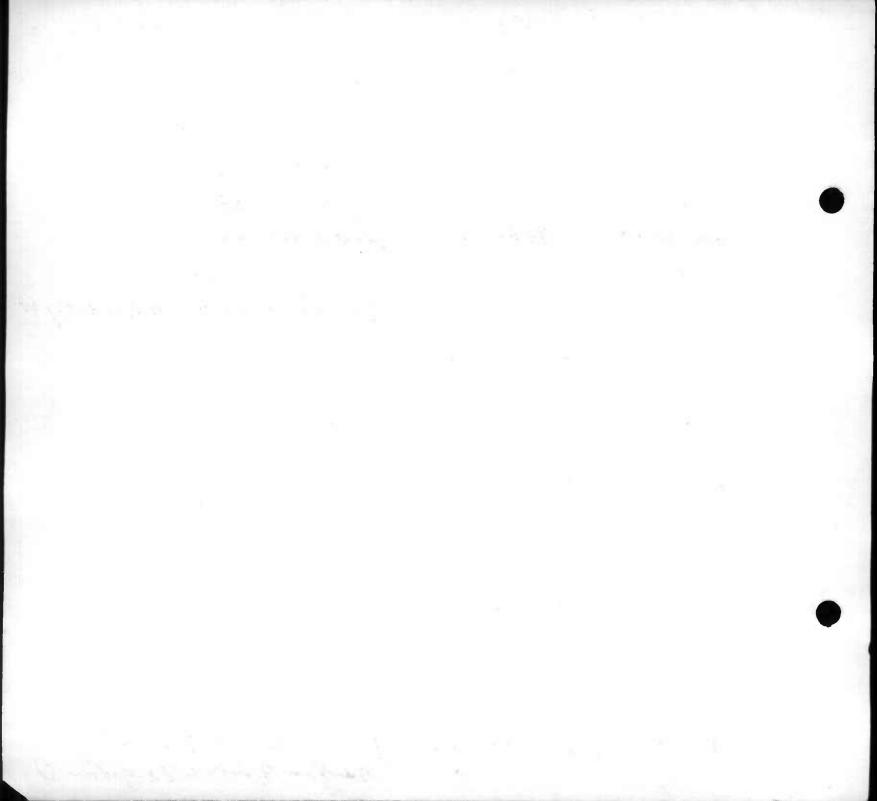
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RETHING READATI OF DECENSE RAME OF DECENSED	Q UM) 72 00	A CO BALTIMORE CITY	Y HEALTH DEPARTMENT	72 00189
THANKE OF DECEASED DELL ANY SET DATE AND HOUR OF DEATH J. PLACE IN BASIMORE, MARILAND, WHISE PRONOUNCED DEAD J. SEE	BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO	
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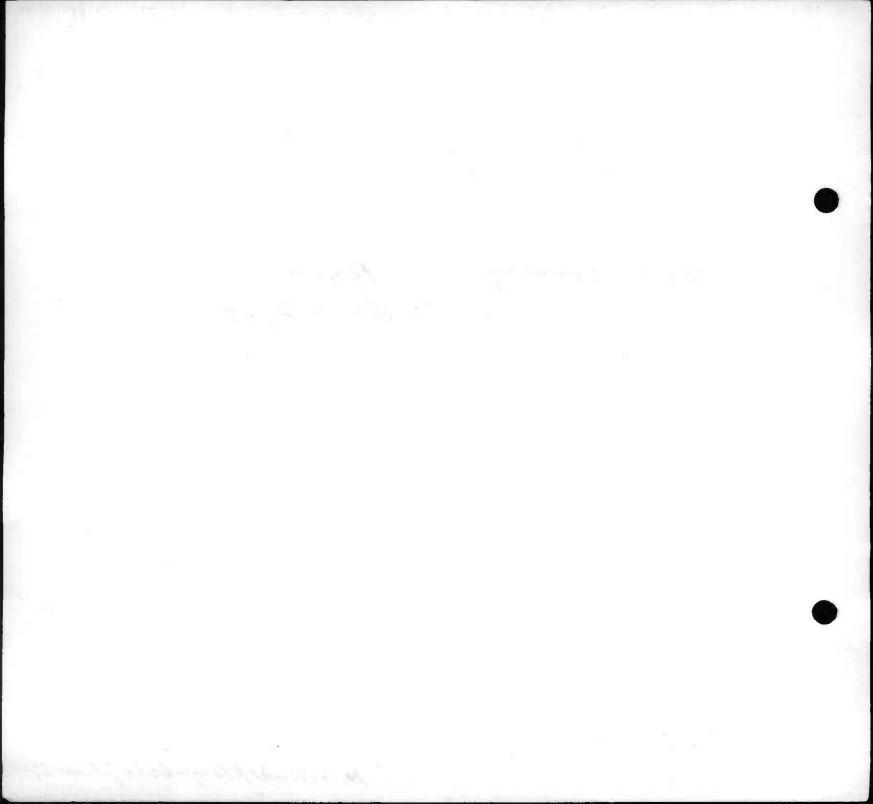


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certificate body was r vs: (1) An a D.O.A. at ased prior ten approv	24A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA REMOVAL (Specify) 1/24/72 ATT CATE VINEY	TORY 2
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N > O >		THILL INTO ASSESS A.	1 7 7 7

	TE OF DEATH REG. NO.	00190
I.NAME OF DECEASED		
Type or Print) MR. JAMES JACKSON	2. DATE AND HOUR OF DEATH	3.30 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived, If institution: In A. STATE B. COUNTY	esidence belore admission)
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY L	IMITS?
34	E. STREET AND NUMBER YES	NO 🗌
BON SECOURS HOSPITAL	1423 W. Mulbury St.	
6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under Months) Months	Doys Hours Min.
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LACONUM STADIST		U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
LEONAR & VACKSON	GREINTHIA Clair	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give wat or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
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heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)	A CONSEQUENCÉ OF:	
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22. I certify that (t) (this hospital) attended the deceased from	12/16 1971 to 1/9	19 7 2
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and have and from the causes stated above. (+)-(We) (did) (did-not) v	iew the bady after death.	
23A. SIGNATURE		E SIGNED
DEGREE Phys	111/3:	9/72
ARVORANEE BICHAIRONARONGRONG GRAM ND	23D. ADDRESS BON SECOURS HOSP	ITAL.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	1000	
Berniel 1/24/72 NJ+ CAZVAR	7 BOWENT 2121	25
JAN 1 0 1972 Cabe & James OF REGISTRAR	Visit Find Director Voya 6383.	Graf man St
VS 150-REV. 1/1/68		

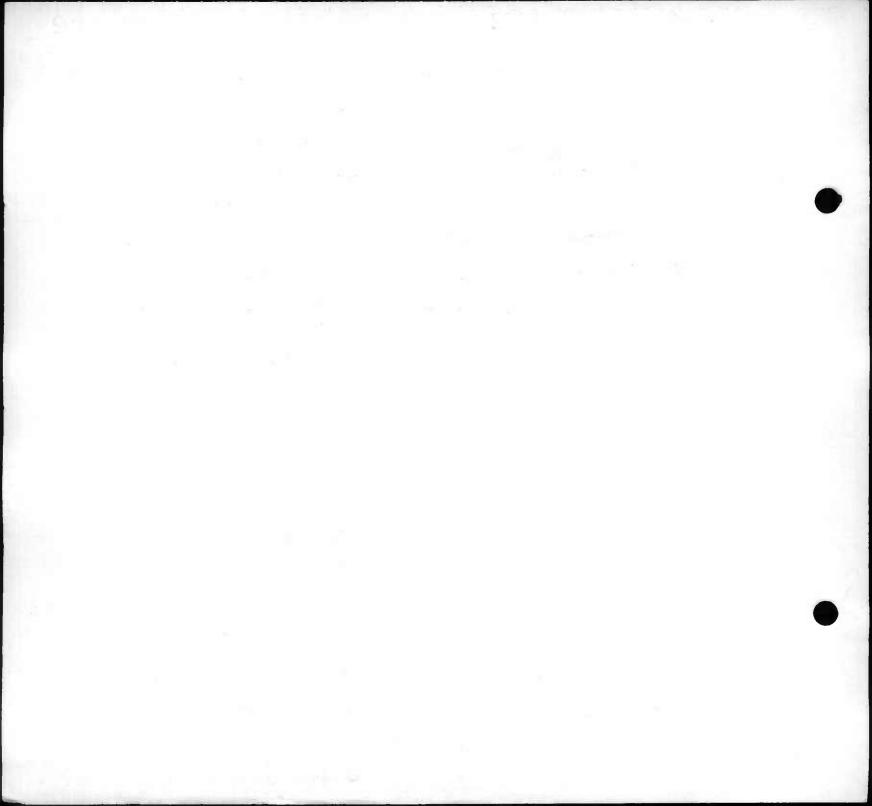


	7-530 -	10 2001	BALTI	MORE CITY H	EALTH DEPARTMENT		72 00191	
1		72 1101	CER	TIFICAT	E OF DEATH	REG. NO	1.	
1, 1	TH NO.					AND HOUR OF DEATH		
(Ту	pe ar Print) CANNADY	. HERB	20-			-6-7x	9130	PM.
3.	PLACE IN BALTIMORE, MARY	AND, WHERE PR	ONOUNCED DEAD			here deceased lived, tl in:	stitution: residence before admis	sian)
FU	LL NAME OF (IF NOT IN SPITAL OR ADDRESS C	HOSPITAL OR II	ASTITUTION, GIVE	111	BLARY LAND	•	DE CITY LIMITS?	·
E	<u> </u>		15	- 11	BALTIMOI		YES NO	
12	Sind HOSPITI				STREET AND NUMBER			
	BRUVEDERRET	Grenps				uest faule to		
5.	SEX 6. RACE	7. MAR	RIED NEVER M	ARRIED 8.	DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Mi	His.
	M Ny			ORCED	5/43/39	34		
	. USUAL OCCUPATION (Give Min e during mast of working life, even it		D OF BUSINESS O	R INDUSTRY 11	. BIRTHPLACE (State at fo	reign cauntry)	12. CITIZEN OF WHAT COUN	NTRY?
					USA		USA	
13.	FATHER'S NAME	7		14	MOTHER'S MAIDEN N.	AME		
12	1620019 (ANNA	DY		FRANCES			
15. (Ye	Was Deceased Ever in U.S. Ar s,na ar unknown) (if yes, give wa	med Forces?	ice) 16. SOCIAL	NO. 17	· INFORMANT		ADDRESS	
			216-34-	37941	RANCOS BA	4000, 4021	NATHERNO ALE	
\vdash	18. 57/81		CAUSE	OF DEATH	,	/	APPROXIMATE INTERV	
	DISEASE OR CONDITI				A	1	BETWEEN ONSET AND D	EAIN
	LEADING TO I		(A) (MI	MEDIATE CAUSE		Hu Levil	many year	2
	(This does not mean the m	means the dis-		E TO, OR AS A	CONSEQUENCE OF:			
H	injury at camplication which		4	()	Will multined	C. 16.		
	ANTECEDENT C		(B)	X	CONSEQUENCE OF:	MITUN		
	DISEASES OR CONDITION		the Do	E IO, OK AS A	CONSEQUENCE OF:			
	UNDERLYING CONDITION	last.	(c)					
Z	II							
E	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE PROPERTY OF THE P	TED TO THE TERM!						
CERTIFICATION	19A-DATE OF OPERATION 11	B. CONDITION	FOR WHICH OPERA	ATION	20A. AUTOPSY? (Yes or I	Na) 208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?	
F	0	AS PERFORMED				IN CERTIFYING CAL	USES OF DEATH?	
CAL CE	21A ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examine	LYING	218. PLACE OF IN hame, form, focta etc.)	JURY (e.g., in or ry, street, offic	or obout 21C. WHERE DID e bldg., INJURY OCCUR?	(It in Boltimar	e City, give exect location)	
MEDI	21D. TIME (Month) (Doy) OF INJURY	(Year) (Haud)	21E INJURY OC	CURRED	21F. HOW DID IN	NJURY OCCUR?		
1	(APPROX)		While At	Nat While [
	22. I certify that (1) (this h	aspital) attend			1/5/72	ta	1/6 19.72	
	that (1) (we) last saw the d		. /	6/7/	/-/		ntan death accurred an the	
	and have and from the caus		7	7			geronies un ins	2219
	23A. SIGNATURE		, (,	(314 1141) 114	w the bady after death	•	23 & DATE SIGNED	
1	Swelito	J. Oul i	unuic , Jr. 1	Attend Phys.	ing Med.	Staff Phys.	1-6-4	
	23C. PHYSICIAN'S NAME (Type)		1	DEGREE 231	O- ADDRESS	1 /1y 3.		
	ANACLET	O T. ORL	INARIOHA	MD	SINA 1+	ALDITAL M	BALTIMORE	
24/	A. BURIAL CREMATION, 248, E	DATE 2	IC. NAME of CEME	TERY OF CREM	ATORY 124D.	LOCATION ICH	(State of county)	le)
1	REMOVAL (Specify)	1/2/	MA AL	BUN	no 1	BALTUM	>	
25/	A. DATE REC'D BY HEALTH DE	PT. 258. NA	ME OF REGISTRAR	0 -	25C. FUNERAL DIRECTO	OR .	ADDRESS	10
	JAN 1 0 1972	36.1E 3	alle HD	U Q C	Drys Au	1 p/ Jonges	2364 Geline	3
VS	150-REV. 1/1/6B				V. C.		· · · · · · · · · · · · · · · · · · ·	



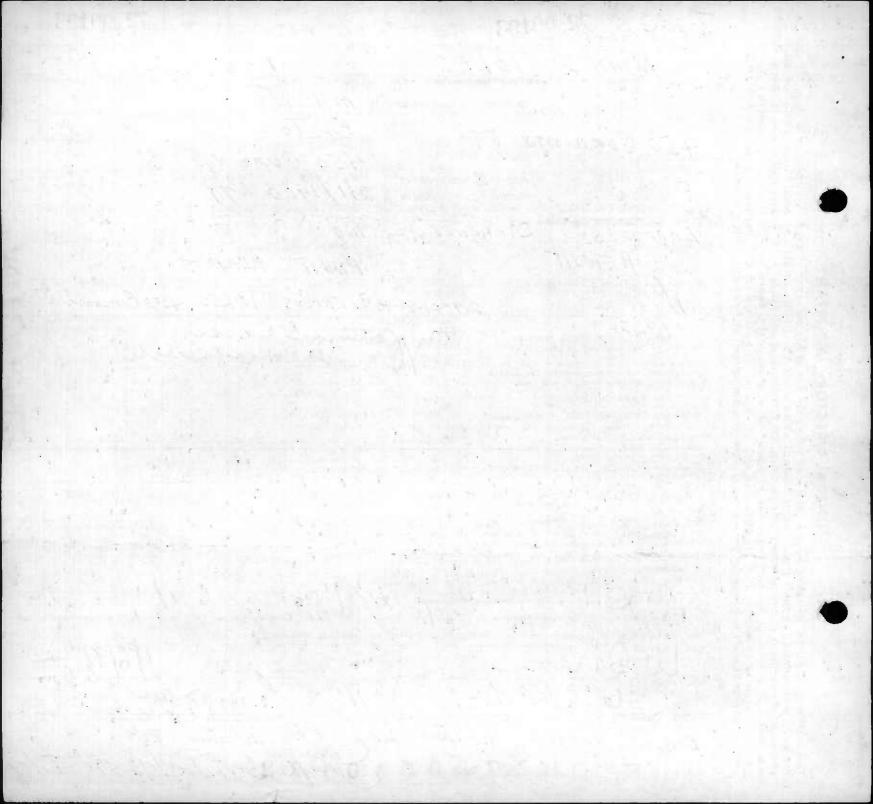
1/6/72 2

4. USUAL RESIDENCE (Where deceosed lived, If institution: lesidence A. STATE 8. COUNTY D. INSIDE CITY LIMITS? YES A NO If Under 1 Yr. Months! Doys Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? US XXXX ADDRESS Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) 1972 and that In (my) (aur) aplalan death accurred on the date 23 R. DATE SIGNED (City, town, or county) ADDRESS Adolphus Halstead 1206 W North Ave VS 150-REV. 1/1/68



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

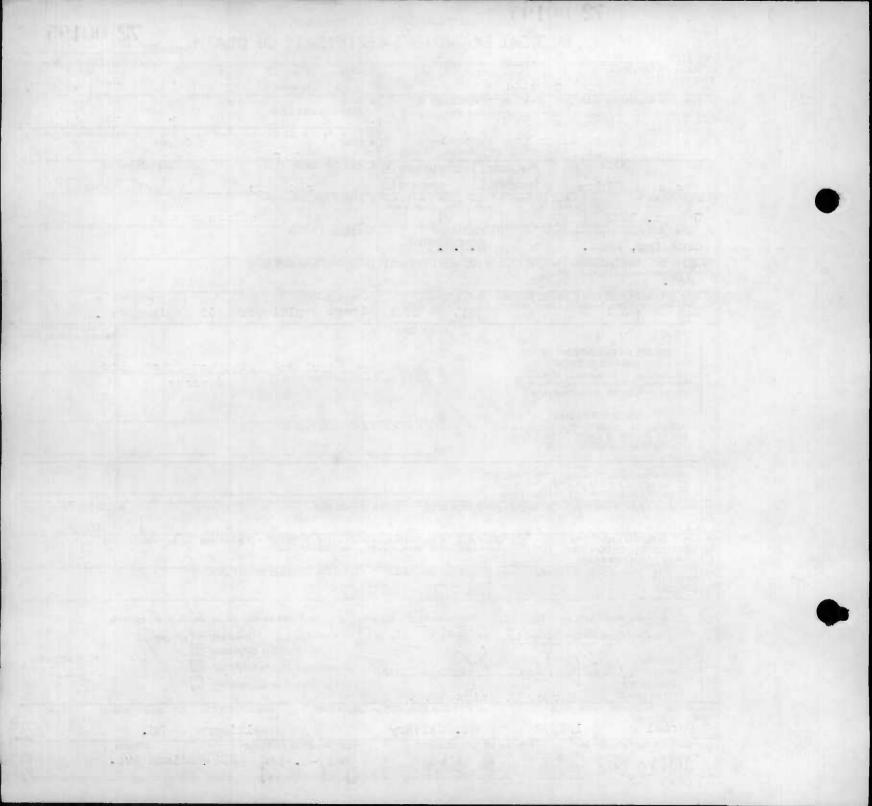
T.100	BALTIMORE CITY	HEALTH DEPARTMENT		20 00402
7-420 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 00193
Type or Print MINNIE TOL	ES.	2. DATE ANI	HOUR OF DEATH	2 1 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE HOSPITAL OR ADDRESS OR LOCATION)	TION, GIVE STREET	M d	a	DE CITY LIMITS?
1	+3	BA110.		YES NO
450 CUMMINGS CT		E. STREET AND NUMBER	,	D+
		450 CUM.	MINGS	C
S. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 10 B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
LAUNATESS ST. A.	GNES HOSP	Md.		
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM		
HEWITT		ANNIE 9	EAGER	
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	AMERICUS /	OLES 45	50 Cumming Of.
18./// 7 1	CAUSE OF DEATH	A ^	Λ -	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	the No	itensive Cr		BETWEEN ONSE! AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAUS	E V as cul	u sise	ire
heart failure, asthenia, etc. It means the disease,	DUE TO, ORIAS A	CONSEQUENCE OF:		
injury at camplication which coused death.) ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	(B)	CONSEQUENCE OF:		
rise Ia the abave cause (A) stating the UNDERLYING CONDITION last.	(c)			
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	UICH OBERATION	20A. AUTOPSY? (Yes or No)	OR IE VEC WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION FOR W WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 218. P	HICH OFERATION	ZOA. AUTOPST? (Tes of No.	IN CERTIFYING CA	USES OF DEATH?
		or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(tf in Baltimor	e City, give exoct location)
Q 21D. TIME (Month) (Day) (Year) (Hour) 21E, 1	NJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX.) While	Not White			1
22. I certify that (1)(this haspital) attended the	deceased from	110/08 1	9to/	1 3 1922
tho (1) (we) lost saw the deceased alive on	12/20	19 71 ond the	ot in (my) (our) opi	nion deoth occurred on the dote
and haur and from the causes stated abave. (1)	(We) (did) (did nat) vi			4
23A. SIGNATURE				23B. PAPE SIGNED
W. barner	DEGREE Phys.		Staff Phys.	(16) 5
23C. PHYSICIAN'S NAME (Type) W, GARNE	-1.	3D. ADDRESS	una o	we wo
24A. BURIAL CREMATION, 24B. DATE 24C. NA	DEGREE			
REMOVAL (Specify)		WATORY DE 24D. LC	CATION	ity, town or county) (Stote)
Burnal 118/72 an	he of CEMETERY of CREE	en. PR a	rtutus.	nsel
Burnal 118/72 an		25C. FUNERAL DIRECTOR	refuturo.	ADDRESS ADDRESS ADDRESS



	20	72 0	0191	BALTIMORE CITY HE	ALTH DEPART	MENT			Chicago Co.		
610	11-24	5 MEI	DICAL E	EXAMINER'S			DEAT	H REG. NO.	72 0	U194	
1.	TH NO. NAME OF DECI				2. DATE OF	Knawn X	Month	Day	Yeor	Haur	
		Frederick			DEATH 3. DATE	Estimated	1	5	72	Mana	M.
FUL	L NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET		NCED DEAD	Month	Day	Yeor	3:30 p	
	PITAL	ADDRESS OR LOC			S. USUAL RES	IDENCE (Where	deceosed li	ved. If Institution	n: residence b	elare odmission	n)
	31	Balto. Ci			A. STATE Md.	CWA!		B. COUNTY	TV HANTES	808	
6.	nale	7. RACE Negro		NEVER MARRIED	Balto			D. INSIDE C			
	ATE OF BIRTH		WIDOWED	Under 1 Yr. If Under 24 Hrs.	E. STREET AN			Y	ES L N	40 L	
	3/27/	17 Inst bight		onths Days Hours Min.	1014	N. Durh	am St.			-1-12-	
11.	BIRTHPLACE (SI	ole of foreign country)	12.	CITIZEN OF WHAT COUNTRY?	13 FATHER'S	NAME	mc	OoL.	Lum		
		ATION (Give kind of wor orking life, even if retired	10 0	F BUSINESS OR INDUSTRY		NIE NA	P, T	naN			
16.	WAS DECEASE	D EVER IN U.S. ARMI	D FORCES?	17. SOCIAL	18. INFORM		0		DDRESS	0 1	
(Y e:	, no or whiteway	(If yes, give war or date	s of service)	SECURITY NO.	Kerlh	a MC	Cohhi	IM 101	4 n.	Durka	as Il
	19. F 9	461X		CAUSE OF DEA						PROXIMATE INTER	
		OR CONDITION DIR	ECTLY	Pneu	monia						
	(This does no	EADING TO DEATH t meon the mode of casthenia, etc. It meons the	dying, e.g.,	(A) IMMEDIATE C	AUSE AS A CONSEQUI	ENCE OF:					
	injury or com	plication which coused d	e ath.)								
		TECEDENT CAUSES		(B)	AS A CONSEQU	IFNCE OF					
	RISE TO THE	R CONDITIONS, IF AN ABOVE CAUSE (A) ST G CONDITION LAST.	ATING THE	00E 10, 0K	AS A CONSEQU	DENCE OF:					
S	ONDEREIN	ti constitution and		(c)							
CERTIFICATION	TO THE DEA	FICANT CONDITIONS (TH BUT NOT RELATED T CONDITION GIVEN IN	O THE TERMINA	G Fractu	re of sp	ine				u = = = = = = = = = = = = = = = = = = =	
ERT	20A. DATE OF	OPERATION 20B. CO	ONDITION FO	R WHICH OPERATION WA	AS PERFORME	D		7 18	21. AUTO	PSY? (Yes or h	10)
1	22A. EXTERN	LAL CALISE WAS	Table	DIACE OF INITIDA	i 1 22	WHERE DID	fif :- Delat	Cibi -liii		no	
EDIC/		IAL CAUSE WAS OR CONTRIB-	har E	B. PLACE OF INJURY(e.g., me, farm, factory, street, affice ark	e bldg., etc.) IN.	Pataps	co Sta	te Park	- 1969	9 55	200
Σ		Month) (Day) (Ye		22E. INJURY OCCURRED	221	HOW DID IN)57)
	(APPROX.)	1 14 69 0 ctober, 1	957 unk m.	WHILE AT X NOT WORK AT W	WHILE KA	and in it	ndustr	ial acc	ident (1969)	
	l certi	fy that I held on	Inquiry 🗌	Inspection XX Au	topsy 🗌	ond that on t	his basis,	deoth In my	opinion		
	result	ed fram: Natural co	iuses 🗸	Accident XX Suicid	de 🗌 Ham	lcide 🗌	Undetermi	ned monner			
	ACTUAL	1	1/2/	20101		HIEF MEDICAL				DATE SIGNE	D
	SIGNATU		Tri - Irarri	N D		ANT MEDICAL		XXX		1/7/72	
L	NAME (T	pe)	Lipkovi								
	A. BURIAL CREN MOVAL (Specific		3/72	mt au	or CREMATOR	Y 24D.	Ball	(City, tow	n, of county)	(Stote)	
25	JAN 10	1972 DEP Be	S COB. NAM	OF REGISTRAR	25C, FL	INERAL DIRECT	OR A	. Kar J	ADDRESS	44.0	alist.
VS	151-REV. 1/1/6B	A /	100	200	Co i	19 3	000			11. 60	=0
	120		3.00	V. 7				522 0		W PEN SE	V

DESCRIPTION DESCRIPTIONS Jackson with . Attac alvo nova She was a series will see out and CENTRAL STANLARS IN THE SECOND SERVICE SERVICES

24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D, LOCATION (City, town, or county) (Slote) REMOVAL (Specify) Burial 1/7/72 Mt. Calvary Baltimore Md. 25A. DATE REC'D. BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Mary-E. Law 802 Madison Ave. VS 151-REV. 1/1/68

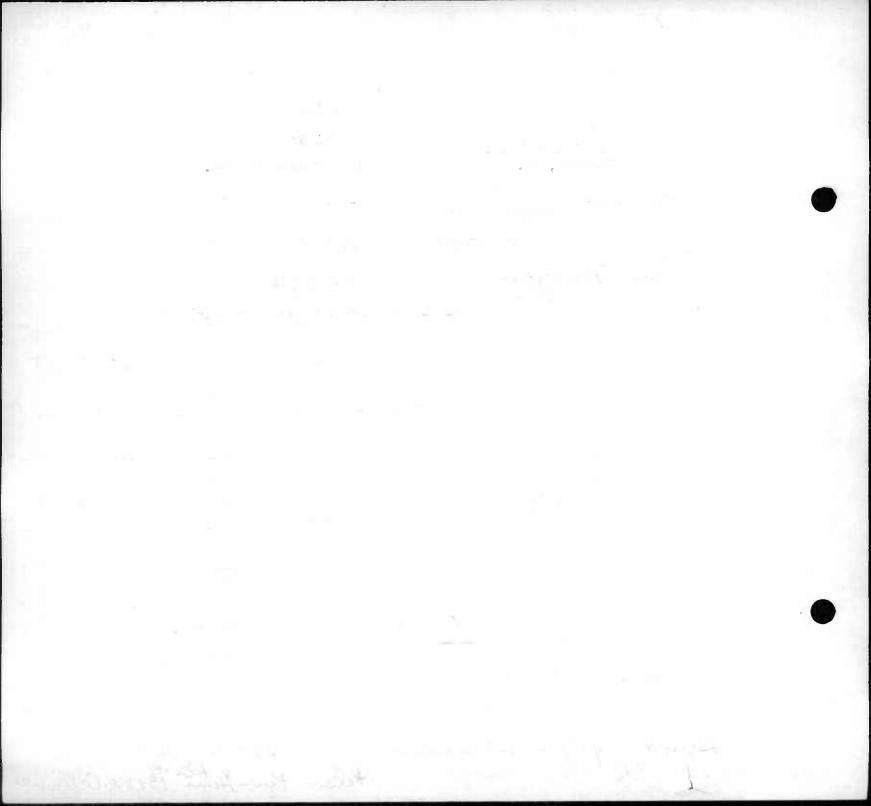


1	P-351	72	0019	A	Y HEALTH DEPARTMENT	REG. NO	7/2	0019	96
1.	RTH NO. NAME OF DECEAS ype or Print)		THEN	BUECHER	2. DATE	AND HOUR OF DEAT	Н		
3.	PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	-8-72 There deceased lived, If UNITY	institutions in	3-0 esidence before	A M. admission)
H	ULL NAME OF OSPITAL OR ISTITUTION	HE NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN	D. in	ISIDE CITY LI	260 MITS?	7
1	UTHERAN	HOSPITAL	of s	MARY LAND.	E. STREET AND NUMBER	E	YES X	NO[
5.	Female	White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE IIn years		1 Yr. If Un Days Haurs	der 24 Hrs. Min.
dai	A. USUAL OCCUPA ne during most of work	TION (Give kind of wark ing life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fo	oreign country)	12. CITI	EN OF WHAT	COUNTRY?
12	HOUSE FATHER'S NAME	WORK	AT	HOME.	BALTIMOR	E, MD,		U. S.	9.
	51	EPHEN		ER	14. MOTHER'S MAIDEN N	NA SWA			
15. (Ye	Was Deceased Eve s,na or unknown) (II	in U. S. Armed Ferryes, give wor at dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	NO			NONE	ADAM G. ROT	HENBUECI	4ER	SAM	E.
	DISEASE O	CONDITION DIR	ECTLY	CAUSE OF DEAT	(3)		В	APPROXIMATE SETWEEN ONSET	INTERVAL AND DEATH
	(This does not r	nean the mode of enia, etc. It means tion which caused	the disease	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	inaforis			***************************************
		ECEDENT CAUSES		and the same of th			1		
	DISEASES OR	ONDITIONS, II	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:				*********
	UNDERLYING CO	bove cause (A) ONDITION last.	slating the	(c)			1		
ATION	I 10 THE DEATH RU	II IT CONDITIONS CON T NOT RELATED TO TH ITION GIVEN IN PART	ETERMINIAL	Winary	Peace Inf	ection			-
ERTIFIC/	19A-DATE OF OPE	RATION 198. CONE WAS PERF	ITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or)	10 208. IF YES, WERE	FINDINGS AUSES OF D	CONSIDERED EATH?	
CAL C	DEATH Inchity med		218 hom etc.	PLACE OF INJURY (e.g., fi e, farm, factory, street, af	or about 21C. WHERE DID ice bidg., INJURY OCCUR?	(If In Baltimo	ore City, give	exact location)	
ME	IAPPROX.)	nth) (Doy) (Year)	Whi		21F. HOW DID IN	JURY OCCUR?			
	22. I certify that	(this haspital)	attended t	he deceased fram	1:3:	19 7 -10 1	. 8	19	72
	that (1) (we) last	saw the deceased	alive on	1.2.	19) 2 and t	hat In(my) (our) op	inion death		
	and haur and fra 23A. SIGNATURE	the causes state	d abave. (I) (We) (did) (did nat) vi	ew the bady after death.	•			
		182 10	Qim	MO After	ding Med.	Shaff [238. DATE	SIGNED	200
	23C. PHYSICIAN'S NAME (Type)	175A 21	ARAII	DEGREE Phys.	Director L	HERAN ST	<u>अशांत</u>	COFUNI	HRYLINO
24A	BURIAL CREMATI	ON, 24B. DATE	24C. NA	DEGREE OF CRE	MATORY 24D.	LOCATION IC	ilv. town. ar	caunty)	(State)
	BURIAL	1-11 -	72 1101	Y REDEEMER	CEM, 443	O BELAIR RE	BALT	•	MD,
25A	JAN 1 0 19	12 Robert		REGISTRAR O	25C. FUNERAL DIRECTO		S. CON	KAPPIESS G	57,
VS 1	150-REV. 1/1/68				THE PART OF THE PA	DAFI	Aller 12	27, 11	1

The state of the s

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

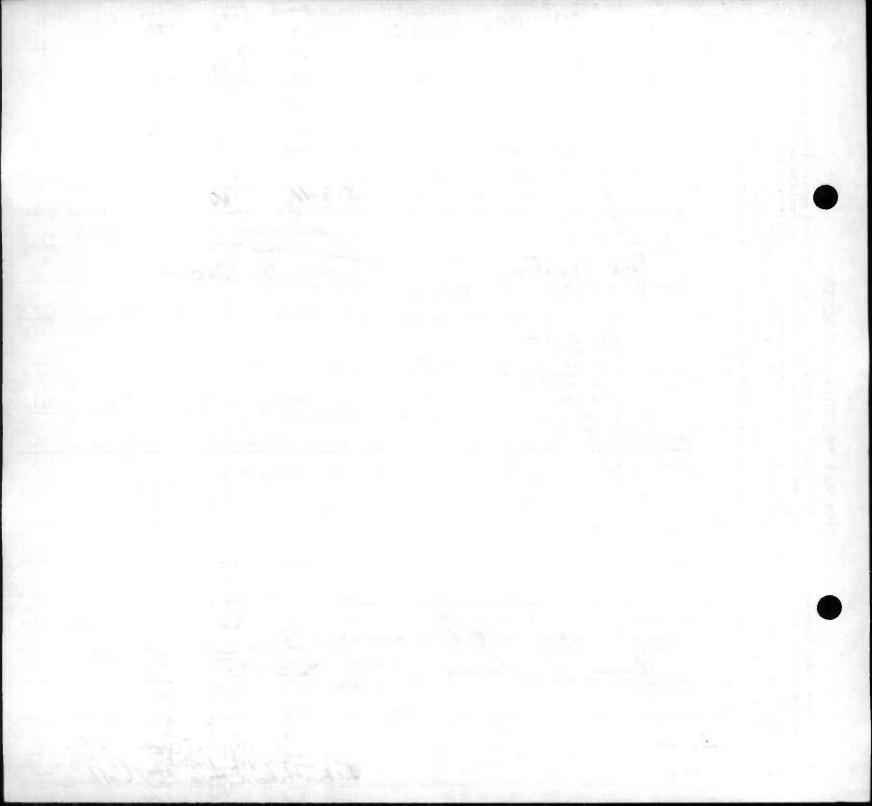
	111-20	1)		BALTIMORE CITY	Y HEALTH DEPARTM	IENT		210
	IRTH NO.	12	00197	CERTIFICA	TE OF DEA	TH RE	G. NO	72 00197
	NAME OF DEC					DATE, AND HOUR C	DE DEATH	
11	Type or Print)	OLDIE 1	NADE			1/8/52	A DEATH	1 4:10 A.
	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RESIDENCE		lived. If institu	ution: residence before admission)
El 1	FULL NAME OF	ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	Maryland			1304
II.	NOTTUTION	Provident F			C. CITY OR TOWN		D. INSIDE	CITY LIMITS?
1	79	2600 Libert			Baltimore		YE	ES 🗶 NO 🗌
	9/	Baltimore,			\$2849 Wood	^{MBER} dbrook Ave.	•	
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In	yeors If	Under 1 Yr. If Under 24 Hrs.
	Female	Negro	WIDOWED	DIVORCED T	6-13-00	lost birthday	M	f Under 1 Yr. If Under 24 Hrs.
d	A. USUAL OCCU	PATION (Give kind of work rorking life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or lareign country)	1	2. CITIZEN OF WHAT COUNTRY?
			Uper	mployed	Marviland			TTO 4
1:	FATHER'S NAM	1E	unei	mproyed	Maryland	DEN NAME		USA
	John	- mor	ven		mass	10		
1 5	es, a prunknown)	Ever in U. S. Armed Ford III yes, give wor at dots	es? of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	V			212-32-2730	Goldie Chae	e (daughte	er) Bam	10
	18. 40	3 X		CAUSE OF DEATH		oc (dddgiid	, Dean	APPROXIMATE INTERVAL
		OR CONDITION DIR	ECTLY		1	•		BETWEEN ONSET AND DEATH
		EADING TO DEATH	dutas a	(A)IMMEDIATE CAU	SE Urenca			1 month
	heart failure, c	shenia, etc. It means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:	****************		
		lication which caused	death.)	1 -				Several
		NTECEDENT CAUSES		(B)	olar Deg	Lusclero	210	month
	rise to the	CONDITIONS, if abave cause (A)	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF		*************	***************************************
	UNDERLYING	CONDITION last.	ording inc	(c)				
,		11		4				
C	OTHER SIGNIFIC	ANT CONDITIONS CON	E TERMINAL	Circles art	misseles	= Sall	0	10 day
CA	19A. DATE OF	NDITION GIVEN IN PART	1 /A).	WHICH OPERATION	1204	V V 000		3.
CERTIFICATION	0	WAS PERF	ORMED	WINCH OFERATION	20A. AUTOPSY? (Ye		YING CAUSES	INGS CONSIDERED OF DEATH?
1	OP CONTRIBUT	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in e, farm, factory, street, alf	or obout 21C. WHERE	DID (III)	in Baltimare Cit	y, give exact lacotion)
CAL	DEATH (notify n	nedical examined	etc.l	, , , , , , , , , , , , , , , , , , , ,	is diagonitodal oct	JO R:		
LEDI	OF INJURY	Manth) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUP	1?	
8	(APPROX.)		Whi	le At Not White				
	22. I certify t	hat (1) (this haspital)	ottended ti		12/10/71	19ta	1/0	/22 19
		ast saw the deceased		1/8/72			our) apinion	death occurred an the date
	and have and	from the causes state	d abave. (I) (We) (did) (did nat) vi	ew the bady after d	leath.		The data
	23A. SIGNATUR						23 B.	DATE SIGNED
	Rela	-d 3. An	-	Aften Phys.	ding Med.	Staff Phys.		1/9/22
	23C. PHYSICIAN NAME (Typ	e)			3D. ADDRESS			
2.			5M00-	DEGREE		RRISON ,	BLVD.	, BALTO, MD.
24	A BURIAL CREM	ATION, 248, DATE	24C.NA	ME of CEMETERY OF CREA	MATORY	24D. LOCATION	(City, to	wn, or county) [State)
_	Dunal	1/13/7	2 m	Culin		Balt	m	1
25	[D B] A - 4	1972 Colore &	5B. NAMESO	F REGISTRAR	25C. FUNERAL DIR	ECTOR	Bril	ADDRESS
VE		1972 Vallent &	, dates	, 40.	Kelson	Finia Ho	ne 19	348 N. Callyno
A 2	150-REV, 1/1/6B							



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

BIRTH NO.	0 72	CERTIFICA	ATE OF DEATH REG.	NO. 72 00198
(Type or Print)	ELOISE	SCOTT	2. DATE AND HOUR OF	DEATH 1 5105 12
FULL NAME OF HOSPITAL OR INSTITUTION		HERE PRONOUNCED DEAD ALL OR INSTITUTION, GIVE STREET ATION) DRIAL	4. USUAL RESIDENCE (Where deceased line A. STATE B. COUNTY MARYLAND. C. CITY OR TOWN 10 ALTIMORE E. STREET AND NUMBER 1420 PARK AV	D. INSIDE CITY LIMITS? YES NO
5. SEX	6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED		
done during most of	working life, even if retired) MAID.		S, CAROLINA.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NA	Sue was	ites	14 MOTHER'S MAIDEN NAME	eur
5. Wos Deceased Yes, no or unknown	Ever in U. S. Armed For it yes, give war or date	s of service) 16. SOCIAL SECURITY NO.	MRS HUGH SCOTT -	ADDRESS EMPLOYER SAMERAND
ise to the	OR CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS CONTROL OF THE BUT NOT RELATED TO THE	siding the (c)	RECTAL, PERINEAL GLASS A CONSEQUENCE OF: ABETES MELUTUS.	
Z DISTACT ON C				
100 001100101	WAS PERI	I 1 (A). DITION FOR WHICH OPERATION FORMED 218 PLACE OF INJURY (e.g., home, form, foctory, street,	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFY) in or obout 21C, WHERE DID (If In office bidgs, INJURY OCCUR?	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH? Boltimore City, give exact location)
DISEASE OR CO 19A-DATE OF U 21A-ACCIDE OR CONTRIBL	OPERATION 1198 CON	I 1 (A). DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Mork Work At Work	in or obout 21 C. WHERE DID (If In office bldg. INJURY OCCUR?	



FUNERAL DIRECTOR: IMPORTANT

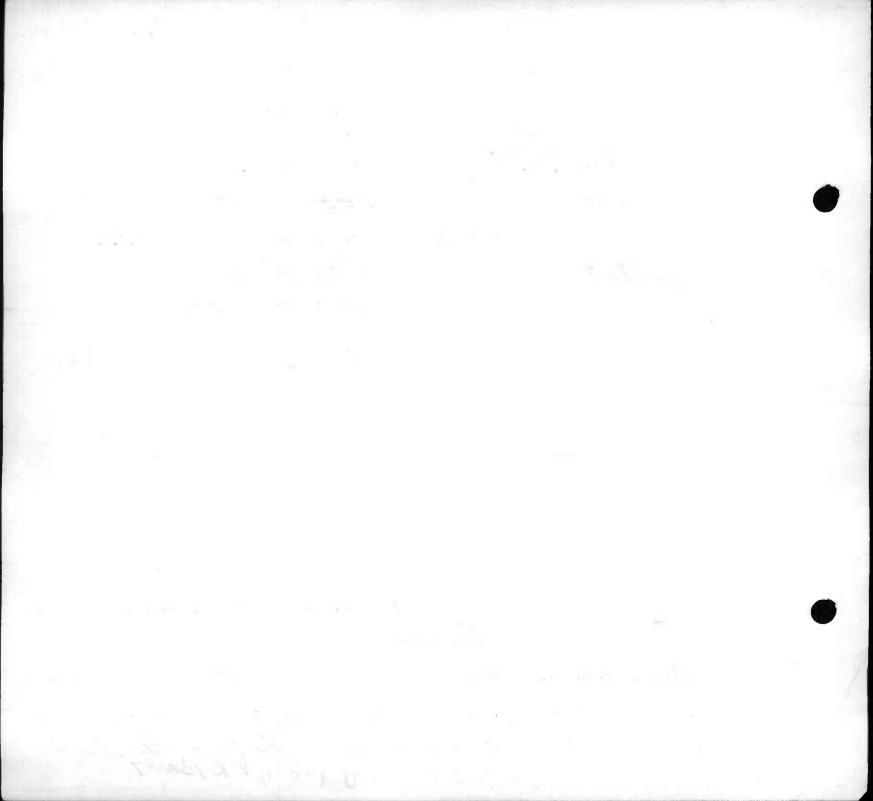
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-355 72 00199	BALTIMORE CITY HEALTH DEPARTMENT
	CERTIFICATE OF DEATH REG. NO
1.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Eddie Edmondson	7 January 6 1972 1 10 10 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution, residence before admission) A. STATE By COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	
INSTITUTION Mt Sing Narsing H	D. INSIDE CITY LIMITS?
90 4613 Park Heights	- II/ //// / / / / / / / / / / / / / / /
Belto Md 21215	C. STREET AND THOMBER
5. SEX 6. RACE 7. MARRIED FINE	VER MARRIED 8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr., Il Under 24 Hrs.
Male Negro WIDOWED	DIVORCED \ 1-21-15 last birthdoy) 36 Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind all work 10B. KIND OF BUSIN dane Guring most all working life, even if retired)	IESS OR INDUSTRY 11. BIRTHPLACE (Slote ar (oroign country) 12. CITIZEN OF WHAT COUNTRY?
RODFER -	VA JUSA
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Edmondson	- many
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Of yos, give war or dotes of service) SE	CURITY NO. ADDRESS
225	= 14-5993 War Edmonden 1937 W. Ilpengton
	CAUSE OF DEATH () APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carcinora 1 fencieros / natto
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
injury or complication which coused death.)	liver etc
ANTECEDENT CAUSES	(B)
DISEASES OR CONDITIONS, it ony, giving rise to the above couse (A) stating the	DUE TO, OR AS A CONSEQUENCE OF:
LIMBERIANC COMPLETON	(C)
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	200
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING [7] 21R PLACE	OPERATION 20A-AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
On contratorio District	OF INJURY (e.g., in or obout 21C, WHERE DID (II In Baltimore City, give exact location)
O DEATH (notify medical examiner) etc.)	THE STATE OF THE S
S OF INJURY	Y OCCURRED 21F. HOW DID INJURY OCCUR?
Wark L	Not While At Work
22. f certify that (1) (this hospital) attended the dece	
that (i) (we) lost sow the deceased alive on	19 1 and that In(my) tour) opinion death accurred an the date
ond hour and from the couses stated above. (i) (We)	(dld) (dld-n ot) view the bady after deoth.
The same of the same	Attending Med. Stoff 238. DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys. Director Phys. 23D. ADDRESS
NAME (TYPO) MANUEL LEVIA	U AD LOVERDE HOS AVE BATTI-15 MD
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CREMATORY 24D. LOCATION (City, lawn, or county) (Sloto)
Quarial good/106722 But	eiben. Balta md
JAN 1 0 M HALLE DEAT. 25E NAME OF REGI	25C. FUNERAL DIRECTOR V. Baully ADDRESS
VS 150-REV. 1/1/68	Allsen tem Home 1348 N. Callynt

town remindred the Comme

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This the show was deco	

U		0 72 00	200	BALTIMORE C			REG. NO	70 0	10200
1.NA	NO. ME OF DECE	ASED	-	OEKTII TO	71111 01		IND HOUR OF DEATH		
(Туре	or Print E/	more u	Jhit	Lo.		-			200
3. PL	ACE IN BALTI	MORE, MARYLAND, W	HERE PR	ONOUNCED DEAD	4. USUAL A. STATE	RESIDENCE (WH	iele decoased lived. Il i	972 nstitution: resid	lence before admission)
FULL HOSI INST	NAME OF	ADDRESS OR LOCA	(NOITA	ISTITUTION, GIVE STREET	Balti C. CITY OR	more Ma		SIDE CITY LIMIT	1501
		Provident H	ospit	tal	Balti		D. 1143	YES X	ио П
5	7	2600 Libert	y Hgt	ts.	E. STREET	AND NUMBER		TES LA	140 []
		Baltimore,	Md.		1543	Leslie	St.		
5. SE)	(6	RACE	7. MARI	RIED XXNEVER MARRIED			9. AGE (In years	Il Under 1	Yi. Il Under 24 His.
Ma	le l	Negro	WIDO		-	7 1.	lost birthday)	Months Do	Hours Min.
10A, U	SUAL OCCUP	ATION (Give kind of work	10B, KIN	D OF BUSINESS OR INDUST	01-3- RY 11. BIRTHPL	ACE (State or for	reign country)	12. CITIZEN	OF WHAT COUNTRY?
done	luring most of wo	orking life, even if retired)							or what coomikit
13. FA	JHER'S NAM	:	0	nemployed		ington	U.C.	U.S.	A
	/	11.1-1			14. MOTHE	R'S MAIDEN NA	AME		
1-1	144051	Wh.TE			5571	ber Bi	rooks		
15. We	o or unknown) (ver in U. S. Armed Ford If yes, give wor or dote	es?	16. SOCIAL SECURITY NO.	17. INFORM	ANT		A	DDRESS
		• · · · · · · · · · · · · · · · · · · ·		JEGORIII NO.	Isabe	11 Robin	son (sister)	same	
18	571.	0 1		CAUSE OF DEA	TH			1.4	PPROXIMATE INTERVAL
		OR CONDITION DIR	ECTI Y						WEEN ONSET AND DEATH
		EADING TO DEATH			1	0-1	1 ,	10	7,
10	this does not	meon the made of	dying,	e.g., QUE TO, OR A	S A CONSEQUE	NCE OF:	house	*****	177.
ir	earl tollure, or nivry or compl	sthenia, etc. It meons	the dise	ase,					
		TECEDENT CAUSES							
		CONDITIONS, if	*	ving DUE TO, OR	S A CONSTOU	CALCE OF	***************************************		*********
ni:	se lo the	obove couse (A)	sloling	the	S X CONSEQU	ENCE OF:			
U	NDERLYING	CONDITION last.		(c)		***********			***************************************
		11							
ERTIFICATION 61010	THER SIGNIFIC	ANT CONDITIONS CON BUT NOT RELATED TO TH	TRIBUTI	NG					
A Di	SEASE OR COL	IDITION GIVEN IN PART	1 (A).	***************************************					
를 19	A-DATE OF O	PERATION 198 CONE	DITION F	OR WHICH OPERATION	20A. AUT	OPSY? (Yes or N	o) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDERED
E .	None							OJEJ OT DEA	
CALC	R CONTRIBUTE EATH (notily m	WAS UNDERLYING OF		218. PLACE OF INJURY (e.g home, lorm, foctory, street, etc.)	in or about 210 office bldg., INJ	URY OCCUR?	(II In Boltimor	e City, give ex	oct locotion)
0 21		Month) (Doy) (Year)	(Hour)	21E INJURY OCCURRED	21 F	HOW DID IN.	JURY OCCUR?		
	PPROX.)			White At Work Not Work At Wo	ile 🗀				
22	. I certify th	at (1) (this haspital)	attend	ed the deceased from	anuary	2.	1972 to Jan	MARY	7 19 72
th	at (1) (me) la	st saw the deceased	dalive	on January 7,	19	72and th	hat in (my) (our) opi		
ar	nd hour and f	rom the causes state	ed above	e. (I) (We) (did) (did nor)	view the bod	y after death.			
23.	A. SIGNATURE							23B, DATE SI	GNED
	Lews	2 B. Born	0		tending	Med. Director	Staff	Tour	7 1622
23	C. PHYSICIAN	2	-	DEGREE	23D. ADDRESS		Phys.	Januar	7 1,1712
	NAME (Type			MA		1 11 .	11011		
	LEWIS URIAL CREMA EMOVAL (Spe	B. BOOD	7 4.	NAME OF CEMETERY OF C	Provide	240. L	Ja / Ba/f	ty, town, or to	Mary land (Stotel
6	uriAl	1-10 -	75/	At. Auburn	Cen.	B	altimoro.	Barco	land
ZOA. D	AIR REC'D B	HEALTH DEPT.	25B. NAA	AE OF REGISTRAR	25C. EUN	PRAL PIRECTO	WH B	4/1	ADDRESS
VS 150	JAN 1 0	AIC MOSTE	- 4º	100. O D	N/OK	alson	siner	140	me



certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and sody was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death ss. (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the assed prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such ten approval must be obtained before the remains are embalmed or final disposition is made.	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	as as as a ritrary

	M-460 72 0028	BALTIMORE CITY	HEALTH DEPARTMENT		72 00201
BI	TH NO. 46	CERTIFICA	TE OF DEATH	REG. NO.	
	Pe or Print)			D HOUR OF DEATH	7 /101
-	Wendell MillEr	2	Jan		1 = 40 p. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. Il institut	ion: residence before odfnission)
FL	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	938Md.	BAIt	1606
In	STITUTION ADDRESS OF ECCATION)		C. CITY OR TOWN	D. INSIDE C	CITY LIMITS?
14	-6		BA1+0.	YE	S NO .
	Lutheran Hospital	of md.	e. STREET AND NUMBER	Posedele.	5.5
5.	SEX 6. RACE 7. MARE WIDON	RIED HEVER MARRIED DIVORCED	8. DATE OF BIRTH 8-1-09	9. AGE (In years If Mo	Under 1 Yr. II Under 24 Hrs. onths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn/country) 12	CITIZEN OF WHAT COUNTRY?
	e during most of working me, even it remed)		South CArol	ina	U. 3.A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
1	-SAC Schn/hller				
15.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT	4	ADDRESS
1	yes, give wor or doles of selv	250-14-632	Jamil Phi	1/24	
\parallel	18. // / 0 9	CAUSE OF DEAT		1167	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			0	
	LEADING TO DEATH	ANNUAL CALL	Lardia	e otrres,	+ 45 min.
	(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:		
	injury or complication which coused death.)	ase,	110000000000000000000000000000000000000	O. Intorc	45 min.
	ANTECEDENT CAUSES			7 -110	74/
	DISEASES OR CONDITIONS, if ony, gi	ving (B)	A CONSEQUENCE OF:		
H	rise to the above cause (A) stating UNDERLYING CONDITION lost.	ine			
	CADERLING CONDITION 10St.	(c)			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
ΙĔ	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		***********************		
CERTIFICATION	19A. DATE OF OPERATION 1198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.		INGS CONSIDERED
E	WAS PERFORMED		No	IN CERTIFYING CAUSES	OF DEATH?
CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimore City	, give exact location)
<u> </u>	21D-TIME (Month) (Doy) (Year) 1Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
٤	(APPROX.)	While At Hot While At Work	· 	0.00	
	22. f certify that (I) (this hospital) ottend			9to	
	that (1) (we) last saw the deceased alive				
				in (my) (our) opinion	death occurred on the date
	and hour and from the causes stated abov	e. (1) (We) (did) (dld not) v	iew the body after deoth.		
	S.S. Karl	Than Atte	nding Med.	Shaff	DATE SIGNED
		OE OKEE!	Director	Physa	
	PAGE (Type) D.S. KAR	BHARI M.D.	23D. ADDRESS Luth	eran	Hospi tal
24/	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D, LC	CATION . (City, to	wn, or county) (State)
X	Burial	Jarlington	1)	rlington'	S.C.
25/		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Vi Carle	ADDRESS
	JAN 10 1972 284 83	asberg K.D.	De Fran Truly	est Horne 134	Pollows St.
VS	150-REV, 1/1/68		V. V. Jerri V. T. Jerri	7,-000	WALLIAND OF

pupa and interest

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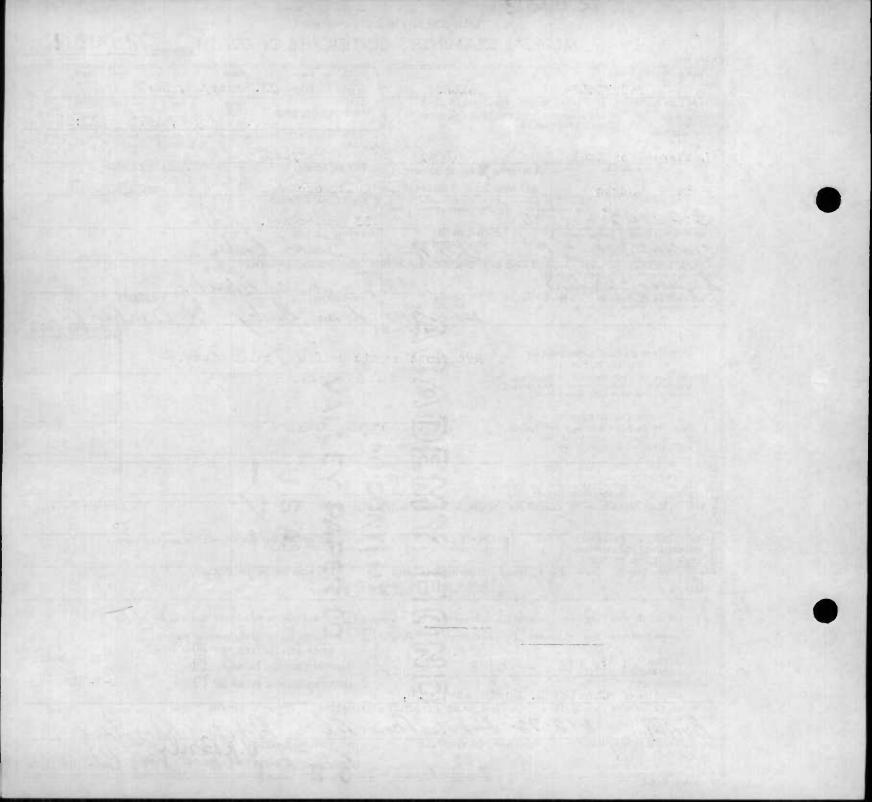
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BALTIMORE CITY HEALTH DEPARTMENT

D-400 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
FAIRFIELD BAILEY	DEATH Estimoted X January 8, 1972
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	January 8, 1972 12:31 A M.
·	5. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admission) A. STATE B. COUNTY
Lutheran Hospital (DOA)	Maryland B COUNTY
7 667	C. CITY OR TOWN D. INSIDE CITY LIMITS?
8. MARRIED NEVER MARRIED	D. HASIDE CIT (MINIS)
Male Negro WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
3-20-05 last birthday) 66 Months Doys Haurs Min.	22 2 1
	33 Dunbar Ave.
1 111 - 3 1 a la l	13. FATHER'S NAME
Smith Field S.C. Will.	JAMES DAILEY
14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
danaduring most of warking life, even if retired)	1. 1.
Ingineer Stationary	Josephine Mewby
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknawn)(If yes, give war or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
220-09-9751	beno Baileir 33 Durchan Ida
19. // / º/ CAUSE OF DEA	TH APPROXIMATE INTERVAL
7/2 41	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	atia a miliana antam dia ana
	otic cardiovascular disease
(A)IMMEDIATE C	AS A CONSEQUENCE OF:
heart foilure, asthenia, etc. It meons the disease, Injury ar complication which caused deoth.)	TO A SOUTH OF STATE O
mary or compression which course de only	
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
2004 DATE OF OPERATION 1208 CONDITION SON WILL CONTRACT OF	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes ar No)
	No
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE DID (II in Bollimare City, give exact location)
S UNDERLYING LOR CONTRIB- home, form, factory, street, office	bldg., etc.) INJURY OCCUR?
W UTING □ CAUSE OF DEATH.	
OF INJURY (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOWDID INJURY OCCUR?
(APPROX.) WHILE AT NOT	WHILE CT
m. WORK AT W	OKK [J]
I certify that I held an Inquiry Inspection X Aus	
	topsy and that on this basis, death in my opinion
resulted fram: Natural causes X Accident Suicid	e Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL (La Co	ASSISTANT MEDICAL EXAMINER
SIGNATURE M.D.	ASSISIANI MEDICAI EXAMINER I X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 1-8-72
NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER 1-8-72
NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER 1-8-72
NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	ASSOCIATE MEDICAL EXAMINER 1-8-72 or CREMATORY 24D. LOCATION (City, town, or county) (State)
NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1-12-72 Arbutus he.	ASSOCIATE MEDICAL EXAMINER 1-8-72
NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	ASSOCIATE MEDICAL EXAMINER 1-8-72 or CREMATORY 24D. LOCATION (City, town, or county) (State)
NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1-12-72 Arbutus he.	associate MEDICAL EXAMINER 1-8-72 or CREMATORY 24D. LOCATION (City, tawn, or county) (State) m. Pk. Approximately Approximately (State) 25C. FUNERAL DIRECTOR (STATE OF ADDRESS)
NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B. DATE PARTICLE PROPERTY 24C. NAME of CEMETERY Althorous he. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	associate MEDICAL EXAMINER 1-8-72 or CREMATORY 24D. LOCATION (City, town, or county) (State) m. Pk. Arbutus Inhary (and



FUNERAL DIRECTOR: IMPORTANT

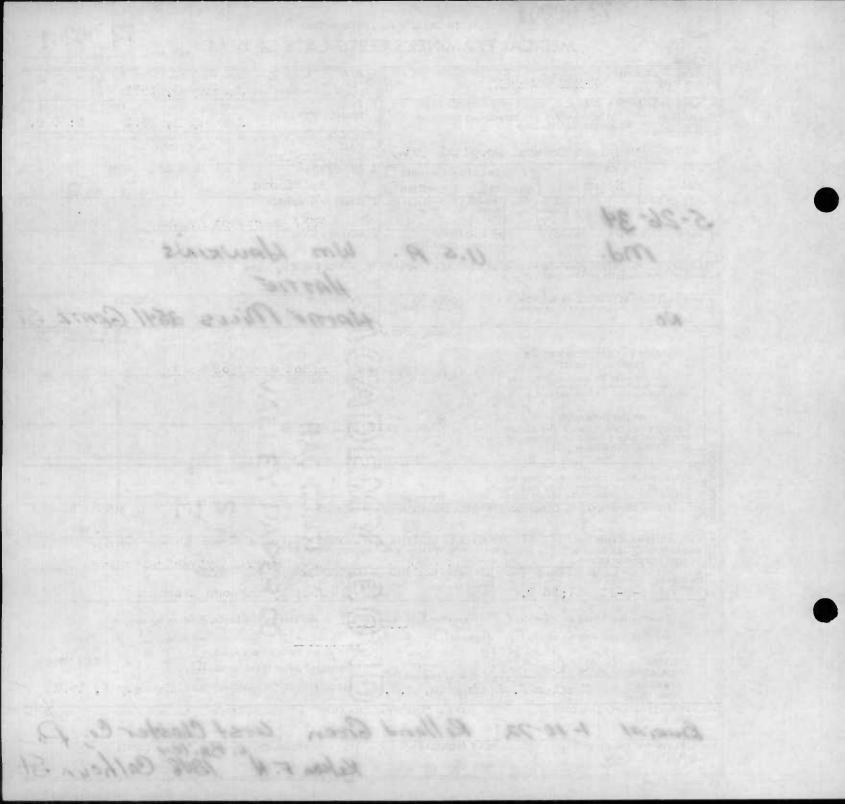
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V-520 BALTIMORE C	CITY HEALTH DEPARTMENT
	CATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
LOUISE YOUNG	1/1/7/
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MO - 1605
UNIV. HOSPITAL	C. CITY OR TOWN BALTO D. INSIDE CITY LIMITS? YES X NO
38	E. STREET AND NUMBER
5. SEX 6. BACE 7. MARRIED	2429 W. LAFAYETTE AVE
WIDOWED DIVORCED I	8-3-90 loss birthday
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN DF WHAT COUNTRY?
	MO USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WALTER KENT	VICTORIA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO	TROPHENA TOHNSON 2429 W. LAFAYETTE
18. 4 / 2 . 4 1 CAUSE OF DE.	CIT DONIMATE HATER ME
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE C	CAUSE CHRONIC RENAL FAILURE 10 UND
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF;
	1.55.50.50
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	ROSCLEROTIC CARDIOVASCUAR ? AS A CONSEQUENCE OF: DISEASE
line to the apole coppe list stalled life	AS A CONSEQUENCE OF: DISEASE
UNDERLYING CONDITION lost, (C)	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
I DISEASE OR CONDITION GIVEN IN PART 1 (A)	4 CHRONIC BLOOD LOSS 1-2 yrs
VIIVA DATE OF OPERATION ITOP CONDITION CON WILLIAM	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	100
	in or obout 21 C. WHERE DID (II in Boltimore City, give exect location) office bidg., INJURY OCCUR?
21D. TIME IManth) (Doy) (Yearl (Hout) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Wo	hile _
22. I certify that (I) (this hospital) attended the deceased from	
that (I) (we) last saw the deceased alive on	19 and that in(my) (our) opinion death occurred on the date
and hour and from the causes stated obove. (i) (We) (did) (did not)	view the body after death
23A- SIGNATURE	23R DATE SIGNED
Kenneth // Eden M.D.	ttending Med. Director Phys. 2 /// 7 Z
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS JAILY HOCOLTAL
KENNETH V. EDEN MD.	01010-11031-1111-
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 1-5-72 BAHIMORE NATIO	BAHEMORE Md.
258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR VI RAPPRESS
JAN 10 1972 266 1 4667, KD. 0 0	O Resent Fine 18 HR N. Calhoust
VS 150-REV. 1/1/68	THE WASHINGTON

86 66-8-3

A Land Control of the
C-615 BIRTH NO.	ME	BALTIMORE CIT DICAL EXAMINER	Y HEALTH DEPAIL		DEATH	REG. NO	72	00204
1. NAME OF DECEASED (Type or Print)	HENRY	CORBIN	2. DATE OF DEATH	Known 🔯	Month January	5, I	Yeor L972	Hour
A DIACE IN BAITIMODE	MADVIAND	WHERE PROMOUNICED DEAD	2 DATE		3.1	-		11

BIRTH NO.		WED	ICAL E	XAMINER'S	LEKIIF	ICATE OF	DEAT	H REG. NO.			
I. NAME OF					2. DATE	Known 🔯	Month	Doy	Yeor	Hour	
(Type or Print)			CORBIN		OF DEATH	Estimoted	Janua	ry 5, 19	972		м.
4. PLACE IN				OUNCED DEAD	3. DATE	OUNCED DEAD	Month	Doy	Yeor	Hour	
HOSPITAL OR INSTITUTION	ADDRI	ESS OR LOCA	ION)	ION, GIVE STREET				ry 5, 19		11:40	- M.
9		nd Can	aral Ho	spital (DOA)	A. STATE	RESIDENCE (Where		B. COUNTY	: residence b	pelore odmis	sion)
6. SEX	7. RACE	ind dell		NEVER MARRIED	C. CITY O	Maryland		D. INSIDE CI	TV HANTS?	60	>
Male	Negr	0	WIDOWED			Baltimore & G					
9. DATE OF B		10. AGE (In	yeors If U	nder 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER		YE YE	:S 🗀	ио Ц	
5-121	5-34	lost birthdo		ths Doys Hours Min.		2337 Edmo	ndson	Avenue			
11. BIRTHPLAC	E (Stote or foreig	gn country)		CITIZEN OF	13. FATHE	R'S NAME		~			
	Md.			WHAT COUNTRY?	W.		WK.	115			
done during mos	CUPATION (Give tof working lile, ev	en if retired)	4B. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN NAM	WE				
IA WAS DECE	ASED EVER IN	II S APMED	EOPCES2	117. SOCIAL	18. INFOR	ATTIE		A.F	DRESS		
(Yes, no or unknown	wn) (if yes, give	wor or doles	of service)	SECURITY NO.	1/0	MAIN I	7:	251	(C	2077	57
19.	715V			CAUSE OF DEA	TH TH	11/2 00	11-65	> 907		PROXIMATE IN	
DIS	AL ASE OR COND	ITION DIREC	TIV						BETW	EEN ONSET AP	ND DEATH
0130	LEADING TO		.163	(A) IMMEDIATE (CAUSE G	unshot wou	nd of	head			
heort lai	s not meon the ure, osthenio, etc	. It meons the	diseose,	DUE TO, OR						********	
injury or	complication whi	ch coused de o	th.)								
DICEAC	ANTECEDENT			(B)							
RISE TO	S OR CONDITI	USE (A) STAT	ING THE	DUE 10, OK	AS A CONS	EQUENCE OF:					
2 ONDEX	YING CONDIT	ION LASI.		(c)							
OTHER S	IGNIFICANT COL	II NDITIONS CO	NTRIBUTING								
DISEASE	OR CONDITION	GIVEN IN PA	RT 1 (A).	***************************************							***********
OTHER S TO THE DISEASE	OF OPERATION	N 20B. CON	DITION FOR	WHICH OPERATION WA	AS PERFOR	MED			21. AUTO	PSY? (Yes o	r No)
1					1800					Yes	
UNDERLYI	ERNAL CAUSE		22B.	PLACE OF INJURY (e.g., e, lorm, foctory, street, office	in or obout e bldg., etc.)	22C. WHERE DID (If in Boltimor	e City, give exo	ct location)	// 1	0
UNDERLYI UTING 1	(Month) (D	ATH.) (Hour) 2	STREET		1500 blk	Pennsy	lvania A	venue	19	-02
OF INJURY (APPROX.)		100		WHILE AT NOT	WHILE				t-		
(APPROX.) 1-5-72 11:20 P. m. WORK Shot by unknown assailant											
lo	ertify that I h	eld an ir	nquiry 🔲	Inspection Au	topsy X	and that an th	is basis,	deoth in my	pinion		
res	ulted from: N	latural caus	105 A	coldent Suicid	le 🗌 H	amleide 🔯 🚶	Jndetermin	ed manner			
ACTL	AL	1. On	13 1.			CHIEF MEDICAL E				DATE SIGN	ED
SIGN	ATURE	ands	7.0	sugal (M.D	•	ISTANT MEDICAL E					
()	IINER'S E (Type)	Charle	s S. Sp	ringate, M.D.	ASS	OCIATE MEDICAL EX	XAMINER	☐ Janu	lary 6	, 1972	
24A. BURIAL C	REMATION, 2	4B. DATE	24	C. NAME of GEMETERY	or CREMAT	ORY 24D. L	OCATION	(City, town,	or county)	(Stote)
4	PiA/	1-10	-72	Rolland	Gie	en le	45+	Chest	era	0. 1	2
	D BY HEALTH	DEPT.	25B. NAME	OF REGISTRAR		FUNERAL DIRECTO	RU, RI	4, ley AD	DRESS	7	<u>-G</u> .
JAN	LU WEL	Marie .	- 0 -	13 13 A. C. D.	O Ker	1900 F. W	/	1348 (Palh	Oun	SH
VS 151-REV. 1/1	/68	4/	V 1 1	7	10		,		-1-/1	470	<u> </u>



1 505 72 0020	5 BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	00205
1. NAME OF DECEASED	1	2. DATE AND	HOUR OF DEATH	
Tohnson.	Kennard		11/70	1 01100 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where of A. STATE B. COUNTY	leceosed lived. If institution	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Md.	D. INSIDE CITY	2717
Montebello State	Hospital	Baltimore E. STREET AND NUMBER	YES	_
5. SEX 6. RACE 7. ALA	Anico Claterra was 5		nsbury	tre.
Male Negro wide	RRIED NEVER MARRIED DIVORCED DIVORCED	1-7-12	.54	der 1 %. If Under 24 Hrs. Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, Kit done during most of working life, even if retired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) [12. C	ITIZEN OF WHAT COUNTRY
	enna, Rail Road			U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
JESSIE JOHNS 5. Wes Deceased Ever in U. S. Armed Forces?	50N	SARAH E	Seown	
Yes, no or unknown! Uf yes, give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT BERLI		ADDRESS
No		Patient's Ch	art =	ame-
18. //6/. 9 1	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		io-sespiratory	! failure	BETWEEN ONSET AND DEATH
(This does not mean the made of dying, heart foilure, asthenia, etc. It means the dis injury or camplication which coused death.)	e.g., eose, DUE TO, OR AS A	A CONSEQUENCE OF:		13 manues
ANTECEDENT CAUSES	2.40	and OlaTand	0.1	12 month
	(B) (CZ) (C		Pachezia	
DISEASES OR CONDITIONS, if any, grise to the obove couse (A) stolling	the	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c) Care	inoma Las	ynk-	Since 1970
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF T	ING NAL	7		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	DB. IF YES WERE FINDING	S CONSIDERED
OR CONTRIBUTING TO CALLER OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or about 21C, WHERE DID	(If In Boltimore City, g	ive exoct location)
DEATH Inolify medical examiner	etc.)	interpretation occord		
21D. TIME (Month) (Doyl (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJURY	OCCU27	
IAPPROX.)	While At Not While At Work	3		
22. I certify that (I) (this hospital) attend	led the deceased from	2 nury 5 19	12 to Jane	2 24 6 10 72
that (I) (we) lost saw the deceased alive	on 6:00 pm berneau		- //	
and hour and from the causes stated above	, , ,	proceeding / ourselformanness USIG TRUT	ntmy/ tour/ opinion de	ath occurred on the date
23A. SIGNATURE	(-) (may (and) (and mail) At	en the body after death.	228 5	ATE SIGNED
Hanson 19the	DEGREE Phys.	ding Med. Staff	1	mary 6, 1972
23C. PHYSICIAN'S NAME (Type)	2:	Montehello Star	te Hespital	
AA. BURIAL CREMATION, 24B. DATE 24	DEGREE	Baltimore	, Md.	
REMOVAL (Specify)	C. NAME of CEMETERY OF CREA		11	A
SUR: A 1/10/72	mt. Huburn		Splo., Me	
258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Builes	ADDRESS

NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 7 VS 150-REV. 1/1/68

JESSIE JOHNSON

абаран Веги Bearing Daws

Pur al i/10/12 Mrt. Auburn Com Balde, Mrd.

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED

SIGNATURE
EXAMINER'S
NAME (Type)

RUSSELL S. Fisher, M.D.

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

24B. DATE

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or caunity) (State)

PROVIDED TO SECURIT SIGNED

ASSOCIATE MEDICAL EXAMINER

1-10-72

24D. LOCATION (City, town, or caunity) (State)

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

24D. LOCATION (City, town, or caunity)

25D. Parial

25D. FUNERAL DIRECTOR

25D. FUNERAL DIRECTOR

24D. LOCATION (City, town, or caunity)

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25D. FUNERAL DIRECTOR

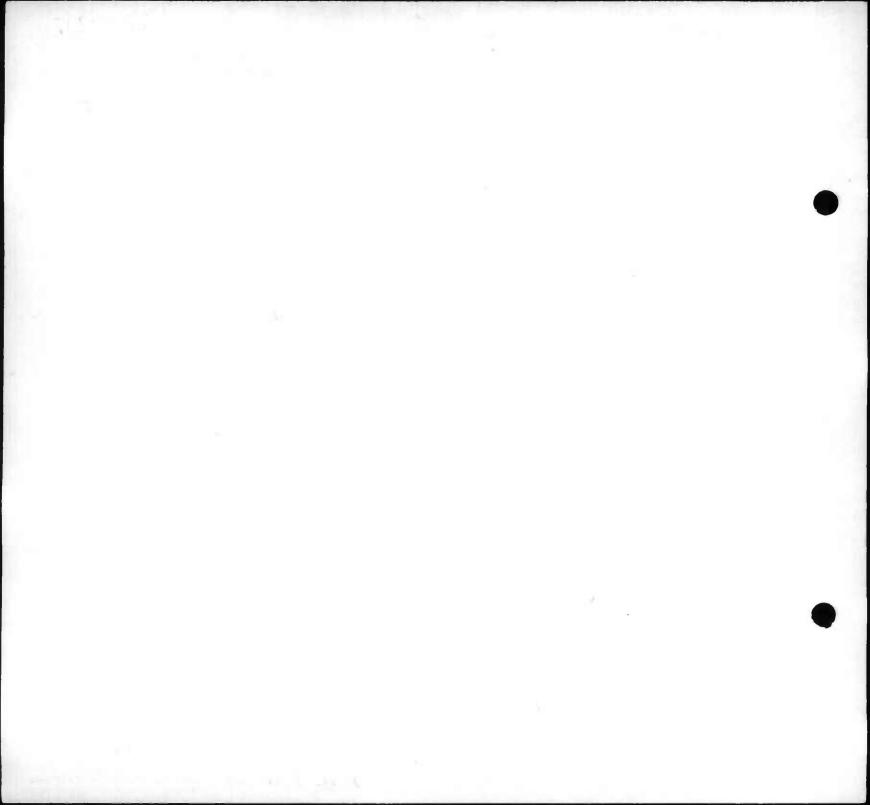
24D. LOCATION (City, town, or caunity)

. . . . STAR STREET, STAR CONT. LITERS Market Street Control of the Control WIND RESIDENCE A SECURITION

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	11-252		Y HEALTH DEPARTMENT	REG. NO.	2 00207
1	RTH NO.	CERTIFICA		Trous or profit	
		N, ERNESTINE	2. DATE AND	HOUR OF DEATH	6.200
3.	PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY	deceased lived. If institution:	residence before admission)
He	JLL NAME OF (IF NOT IN HOSPITA OSPITAL OR ADDRESS OR LOCA ISTITUTION	AL OR INSTITUTION, GIVE STREET	Md.	D. INSIDE CITY	1604-
	/	to a mil	Boltemare	YES E	
	Lulderen Haspit	ie ya.	E. STREET AND NUMBER 2023 Hankin	ane - 21	217
5.	SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years If Und I birthday) Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
L	N	WIDOWED DIVORCED	7-4-26	115	2070
dor	A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if relired)	10B, KIND OF BUSINESS OR INDUSTRY	S.C.	country) 12, GIT	TIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Stewart Hill		MARY		
15. (Ye	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dates	es? of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	7 2	JEGORIII NO.	David Washin	ation 202	3 Howlen Du
EDICAL CERTIF	DISEASE OR CONDITION DIRI LEADING TO DEATH IThis does not meen the mode of heer failure, asthenia, etc. It means injury or complication which coused an anticolor of the couse of the cous	dying, e.g., the disease, death.) (A) IMMEDIATE CAI DUE TO, OR AS DUE TO, OR AS Stating the (C)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 2 1/E. S 1 1 1 1 1 1 1 1 1	OB, IP YES, WERE FINDING: N CERTIFYING CAUSES OP (If in Boltlmore City, gi	DEATH?
×	(APPROX)	While At Not While Work At Work	• 🗆		
	22. I certify that (I) (this haspital) that (I) (we) last saw the deceased		m 1	74_ta	19 7 Z
	and haur and from the couses state	, ,			account on the said
	23A. SIGNATURE			23 B, DA	TE SIGNED
	Atyana 2001	MD. Atte	nding Med. Stel	f. 🗆	
	23C. PHYSICIAN'S NAME ITYPE ANDRONA	DOSHI MA	23D. ADDRESS		
244	A. BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY OF CR		ATION (City, town,	or county) (Stote)
	Burnel 1-13-7	2 Mt. Colvery C	ou Ann	Arendel C	tru Md.
25A	A. DATE REC'D BY HEALTH DEPT.	25B NAME OF REGISTRAR	25C, FUNERAL DIRECTOR WAR MARC	11 000 1	ADDRESS
VS	150-REV 1/1/68	LE SHARL ALD,	WAR MARC	17 72861	101/4 Hue

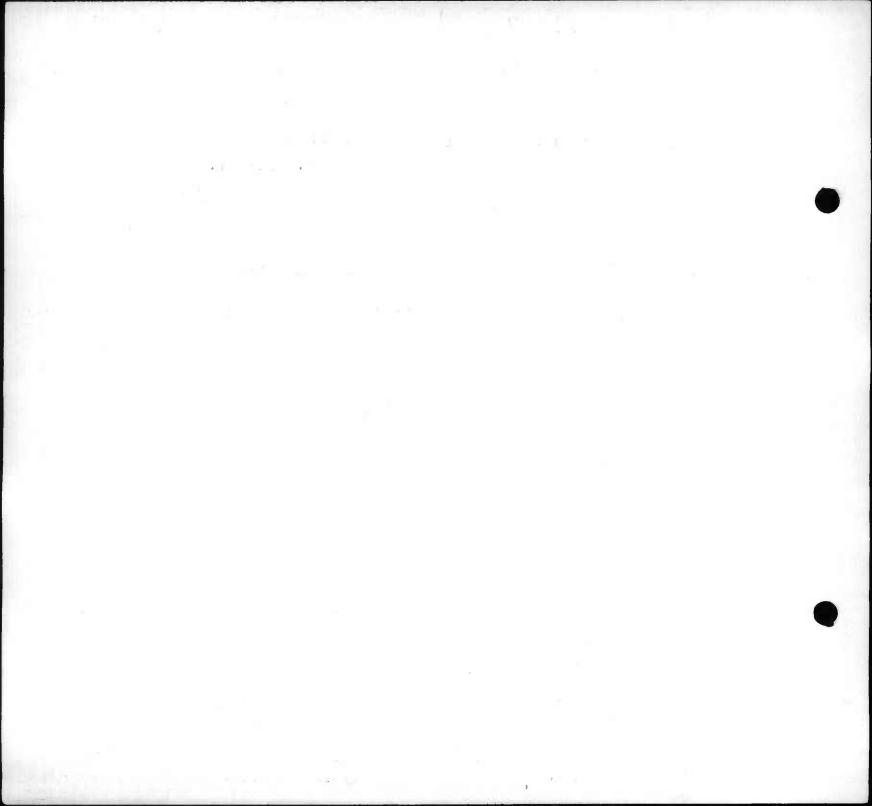


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such Deceased of death on the BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LLFR hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance cause; (5) cause FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN 0 BALTIMORE JOHNS HOPKINS HOSPITAL prior contributing E. STREET AND NUMBER 1201 N. EDEN ST. Undetermined regular mad 5. SEX 6. RACE 9. AGE (In years lost birthday) & DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased 04 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) death disposition Ξ. done during most of working life, even if retired) 0 Iver Was 13. FATHER'S NAME the direct 3 Somvel Hanes On Known death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yas,no or unknown) Uli yes, give war or dotes of servicel 16. SOCIAL 17. INFORMANT final SECURITY NO. ance 243-18-80 dunie any 18. 4 pronounced CAUSE OF DEATH 0 attend DISEASE OR CONDITION DIRECTLY embalmed Jo LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving CONSEQUENCE OF: ල rise to the above cause (A) stoling the physician UNDERLYING CONDITION last. the remains MOS medical An accident of any nature; (2) Body burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (6) No physician 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED the 5 20A. AUTOPSY? (Yes or No) before No the body was released to the hospital by shows: (1) An accident of any nature; (2) B 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF where 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examined) be obtained 21 D. TIME OF INJURY (Month) (Doy) (Yearl (Houd) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? approved (except Not While While At (APPROX.) and Work At Work 22. I certify that (I) (this hospital) attended the deceased from death); 1-4-72-19 that (1) (we) last saw the deceased alive an hospital and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE Attending 2 approval Phys. Director 0 23C. PHYSICIAN'S NAME (Type) eceased prior 23D. ADDRESS was D.O.A. at 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION -8-Colvery Com. 25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTO VS 150-REV. 1/1/68

60 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence A. STATE

B. COUNTY D. INSIDE CITY LIMITS? YES X NO Months Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS urhom APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ours year 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If to Boltimore City, give exect location) and that in (my) (our) opinion death occurred on the date



IMPORTANT DIRECTOR: FUNERAL

the chief medical examiner

occurred

assistant

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH contributing cause of death stermined cause; (5) Deceased r regular attendance on the Such a hospital and I. NAME OF DECEASED 2. PATE AND HOUR OF DEATH RIVERS, Glenn Jr. (Type or Print) 1972 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere decored lived. If institution: residence before Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 Baltimore YES X NO prior E. STREET AND NUMBER The Johns Hopkins Hospital etermined 1332 Kitmore Road made 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In yours 7. MARRIED NEVER MARRIED X If Under 1 Yr. Months! Doys Hours : Min. deceased Male Negro 12/04/69 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoto or loreign country) 12. CITIZEN OF WHAT COUNTRY? = disposition done during most of working life, even if retired) 10 Dud Maryland SD 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME 4 Glenn K. Rivers, Sr. Louise Franklin eath On kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of sorvice) or fina attendance D 1332 Kitmore Rivers any pronounced CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med o LEADING TO DEATH (A) IMMEDIATE CAUSE (3) A fracture (This does not mean the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: embal heart failure, asthonia, etc. Il means the disease, regular injury or camplication which caused death.) 12 HOURS ANTECEDENT CAUSES PNEVMONIA who MASSIVE are DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE riso to the above cause (A) stating the Ē physician UNDERLYING CONDITION last remains Was burns; II CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING MONOCYTIC LEUKEMIA TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician (2) Body 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the 20A. AUTOPSY? IYes or No! 208. IF YES. WERE FINDINGS CONSIDERED to the hospital by a WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? where (If In Boltimore City, give exoct location) 2 N DEATH (notify medical examined) any nature; MEDI obtained 21 D. TIME (Month) (Day) IYear) (Hous) 9 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved Not While (except While At (APPROX) and Work At Work 22. I certify that (1) (this pospital) attended the deceased fram. Dogeniles that (I) (as) last saw the deceased alive an_ pe and that in(my) (plnian death accurred on the date of eath) hospital and haur and from the causes stated above. (1) (40) (did) (did) view the bady after death. the body was released accident must 23A. SIGNATURE 238, DATE SIGNED T Attending Med. 10 5taff approval Phys. Director 0 DEGREE 23C. PHYSICIAN'S NAME IType prior 23D. ADDRESS 40 shows: (1) An Quattlebaum, Thomas G. M.D The Johns Hopkins Hospital D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY eceased 24D. LOCATION (City, town, or county) (Stotel Burial Cemetery Mt Balto .. Was DENT 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR March 928 E North Ave. VS 150-REV. 1/1/68

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				E. STREET AND NUMBER			
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	200	MAGE	BALTIMO	RE CITY	HEALTH DEPARTMENT			
G-6/	2 72	00211	CERTI	FICA	TE OF DEATH	REG. NO	72 (111211
I, NAME OF DE	CEASED				2. DATE	AND HOUR OF DEATH		
(Type or Print)	Graves, Ne	llie			Da	nuary 5, 1972		7:45 a M
3. PLACE IN BA	ALTIMORE, MARYLAND, W		NCED DEAD		4. USUAL RESIDENCE (Where deceased lived, II i	nstitution: residen	ce belore odmission)
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INSTITUTION	Provident		1		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?	
	2600 Libe	A .			Baltimore		YES X	NO L
37	Baltimore				3615 Sprin	gdale Ave.		
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15. Wos Decease	od Ever in U. S. Armed For	rces?	6. SOCIAL		17. INFORMANT		ADD	RESS
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18. / 1	2001		CAUSE O	F DEATH		o (dadgiicer)	APP	ROXIMATE INTERVAL
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ond haur o	nd from the couses sta	ted obove. (I)	(We) (did) (di	d not) v	iew the body after deo	th.		
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	14-7.24	7		Phys	nding Med.	Staff Phys.	1-7	-72
23C. PHYSIC			DEC	3KEE	3D. ADDRESS			
NAME	WHAMMAD J	AVAID	SHAFI		PROUDE	NT HOS	PITAL	
24A. BURIAL CF	REMATION, 248. DATE	24C. NA	ME of CEMETER	DEGREE CRE			City, town, or cou	nty) (Stote)
Burial			plewood			Greensboro,		
	D BY HEALTH DERT.	25B. NAME OF			25C. FUNERAL DIREC			DDRESS
JAN 1	0 1972 Bole	E. Harris	42can	70		yett F. H. 1		
VS 150-REV. 1/1	1/6B				-			

Harris , Marian a lac beself a refulverer . Etal versiline 0005 . swa windingsterge the . W. wastige ... Authorio etasti the time of this push one of the district (Tribule) on terms ריים ביין נייכית יי

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0-	452	MEI	DIC

BIRTH NO.		WEL	ICA	L E	KAMINEK 5	CERTI	FICAI	E OF	DEAT	H REG. NO.	1.6	THE STATE
1. NAME OF DEC				4		2. DATE	Knov	wn 🔊	Manth	Doy	Yeor	Hour
William		WILLI				DEAT		mated		ary 5, 1		М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)										5:55 P.M.		
OR INSTITUTION		Secour				5. USUA A. STATI		CE (Where	deceased liv			belore admission)
6. SEX	7. RACE		8. MAR	RIED	NEVER MARRIED	C. CITY	OR TOWN			D. INSIDE CIT	Y LIMITS?	1 1 60 1
Male	Male Negro WIDOWED DIVORCED Baltimore YES						«П	NO 🗆				
9. DATE OF BIRTI	1	10. AGE (last birthda) years	H Un	der I Yr. II Under 24 Hrs	. E. STREI	T AND N	UMBER			<u> </u>	<u> </u>
12-25-2		48	′					N. 1	Mount :	Street		
11. BIRTHPLACE (S					ITIZEN OF HAT COUNTRY?		ER'S NAM		:		17 12	
Windsor					HAT SOUNTRY? BUSINESS OR INDUSTI	1	nes E.					
done during mast of w	arking lile, ev	en If retired)	1-0.1(1)4	DOFE	SOSINESS OR INDUST	1	ne Dou		nE			
16. WAS DECEASI	D EVER IN	U.S. ARMED	FORCE	S?	17. SOCIAL		RMANT	9143		AD	DRESS	
(Yes, no or unknawn)	(Il yes, give w	ar ar dates	of service	e)	17. SOCIAL SECURITY NO. 219-16-2654		Frank	: Will	iams	5 S. Ab		n St.
19.	1.15	>			CAUSE OF DE	ATH						PROXIMATE INTERVAL
DISEASI	OR COND	MON DIRE	CTLY			Fatty	metam	orpho	sis of	liver		EN CHALL AND DEATH
	EADING TO				(A)IMMEDIATE	CAUSE		wi	th cir	rhosis		47 14-1
heart lallure,	at mean the asthenia, etc.	made of dy It means the	disease,		DUE TO, OR	AS A CON	EQUENCE	OF:				
injury or can	pitcotion which	n caused dec	in.)									
	ITECEDENT				(B)	10 1 001						
RISE TO THE	R CONDITION	JNS, IF ANY JSE (A) STA	GIVING	È	DUE TO, OF	AS A CON	ISEQUENCE	OF:				
Z UNDERLYIN	G CONDITI	ON LAST.			(c)							
U TO THE DEA	FICANT CONTINUE THE BUT NOT CONDITION	RELATED TO	THE TERA	AINAL								
20A. DATE OF					WHICH OPERATION V	AS PERFO	RMED				21. AUTO	PSY7 (Yes ar No)
												Yes
UNDERLYING UTING		TRIB-		228.P home	LACE OF INJURY(e.g., farm, factory, street, off	, In or obat ce bldg., etc	22C. WHI	ERE DID (lf in Balttmor	e City, give exac	t location)	
	Manth) (D	ay) (Year) (Hou			T WHILE	22F. HO	W DID IN	URY OCCU	R?		
23.	for all and the			7		, R#						
	fy that I he		nquiry [topsy X				death in my c		
result	ed from: N	atural cau	ses A	Ac	cldent L Sulci	de L	Homicide			ed manner	1	
ACTUAL	(1)	lando	1		of the	A	CHIEF N	EDICAL E				DATE SIGNED
SIGNATU		harlos	C	Cnw	ingate, M.D.).						1070
NAME (T	/pe)		D e				SOCIATE N	NEDICAL E	OUNINER	_ Janu	ary 6,	19/2
24A. BURIAL CREA REMOVAL (Specif	ATION, 2	48. DATE		A 6030	NAME of CEMETERY			1	OCATION	(City, tawn,		(Stote)
Burial		1-10-7			1t. Auburn C					re, Mar	yland	
JAN 10	1972	Valley &	258		OF REGISTRAR		rton 8			1. 1701 al	DRESS Lauren	s St.
VS 151-REV. 1/1/68					247	0	6.4					

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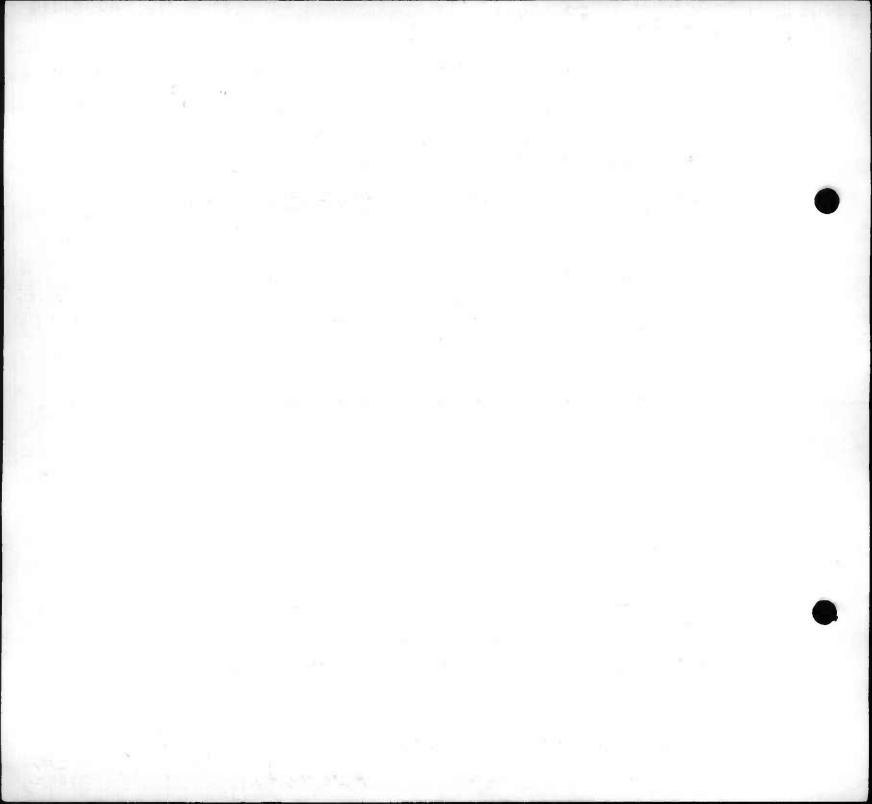
VS 150-REV. 1/1/68

Make rest of the Horizon of the Hori

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such death Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 hospital 90 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before A. STATE

B. COUNTY attendance (2) COUSE FULL NAME OF HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN cause; 0 U D. INSIDE CITY LIMITS? GLEN UNIVERSIT YOF NO YES prior contributing E. STREET AND NUMBER HOSPITAL, BALTIMORE, MD etermined regular 5. SEX 6. RACE Bac 7. MARRIED NEVER MARRIED 9. AGE (In years Il Under 1 Ye. deceased II Under 24 Hrs. Hours DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? disposition dane during most of working life, even if retired) E nudi OL Houseur Was the 13. FATHER'S NAME 3 THOMPSON death E O kind; 15. Was Decased Ever in U. S. Armed Forces? (Yas,no or unknown! (II yes, give wer or dotes of service) 16. SOCIAL final SECURITY NO. ance No any pronounced 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH attend ENDOME TRIAL DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH CARCINOMA (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: regular injury or complication which caused death.) ADENO CARCINOMA OF ENDOMETRION ANTECEDENT CAUSES who DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) physician UNDERLYING CONDITION last the remains MOS any nature; (2) Body burns; II CERTIFICATION DISSEMINATED INTRAVASC. COAGULATION 30AM OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ! (A) 198. CONDITION FOR WHICH OPERATION 200A WAS PERFORMED ADENOCARCINOMA OF ENOUGH where the 19A. DATE OF OPERATION 0 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exect location) the body was released to the hospital shows: (1) An accident of any nature; (2 MEDICAL DEATH (notify medical examined obtained 21 D. TIME (Month! (Doy) (Year) (Hough 9 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except Not While While At (APPROX.) and Al Work 22. I certify that (+) (this hospital) attended the deceased from that (we) last saw the deceased alive on. and that in (my) (our) apinian death accurred on the date hospital death) and haur and from the causes stated above. (t) (We) (did) (did not) view the body after death. must 23 B. DATE SIGNED Attending 2 pprovai DEGREE 8 23C. PHYSICIAN'S NAME (Type) NATHANIEL prior 23D. ADDRESS 40 UNIVERSITY OF MARYLAND 24A BURIAL CREMATION, REMOVAL (Specify) D.O.A. bespase 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 0 24D LOCATION (City, town, or county) (Stole) AVVER lemovi MOS 258. NAME-OF REGISTRAR



5.363	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED 2. DATE Known Month Day Year Haur	=								
	1. NAME OF DECEASED (Type or Print) MATTIE STROTHER (STRODER) OF DEATH Estimoted January 6, 1972	NA.								
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour									
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET OR INSTITUTION OR INSTITUTION ADDRESS OR LOCATION) S. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission)	Am.								
	3006 W. North Avenue Maryland B. COUNTY 150	6								
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?									
	Female Negro WIDOWED DIVORCED Baltimore YES NO 9. DATE OF BIRTH 10.AGE (In yeors H Under 1 Yr. Under 24 Hrs. E. STREET AND NUMBER									
	9. DATE OF BIRTH 2-13-22 10.AGE (In yeors losi birthdoy), 49 10.AGE (In yeors losi birthd									
	II. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF 13. FATHER'S NAME									
	Greenwood, S. C. WHAT COUNTRY? U. S. A. James Butler									
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even ill relired)									
	Katie Robinson 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS									
	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. Minnie Oliver-2914 Clifton Avenue									
	APPROXIMATE INTERVIBETWEEN ONSET AND C									
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH End 1 on over									
	(A) IMMEDIATE CAUSE Epilepsy (This does not meon the mode of dying, e.g., heart lotilure, esthenic, etc. it meons the disease, heart lotilure, esthenic, etc. it meons the disease,									
	Injury or complication which coused death.)									
	ANTECEDENT CAUSES (8)									
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT DELATED TO THE TERMINAL									
	DISEASE OR CONDITION GIVEN IN PART 1 (A).									
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No. 20)	0)								
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.									
	22D. TIME (Monih) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE AT NOT WHILE									
	23.									
	I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my opinion									
	resulted fram: Natural couses Accident Suicide Homicide Undetermined monner									
	ACTUAL DATE SIGNED									
	SIGNATURE ASSISTANT MEDICAL EXAMINER X EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER January 6, 1972									
	SIGNATURE ASSISTANT MEDICAL EXAMINER X EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER January 6, 1972 ASSISTANT MEDICAL EXAMINER X January 6, 1972 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)									
	SIGNATURE									
	SIGNATURE ASSISTANT MEDICAL EXAMINER X EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER January 6, 1972 ASSISTANT MEDICAL EXAMINER X January 6, 1972 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Slote)									

79.31 tie it non nev n de l'en ven :- -7 .t. win try 'timer', ry n

C-160			BALTIMORE CITY HEALT			DEATI	H REG. 1	72	00518
I. NAME OF DECE	SIMO	d COC		2. DATE OF DEATH	Known 🔯 Estimated 🗆	Month Januar			Hour 3:50 P.
4. PLACE IN BALTII FULL NAME OF HOSPITAL OR INSTITUTION	MORE, MARYLAND, Y (IF NOT IN HOSPITA ADDRESS OR LOCA	TITUTION, GIVE STREET	3. DATE Month Day Yeor Hour January 5, 1972 3:50 E						
6. SEX 17	Sinai H	-		A. STATE	Maryland		B. COUN		15 12
Male	WAKKED TIMESER WAKKED TI						YES 🗹	NO 🗆	
9. DATE OF BIRTH 2-11-48	I 0. AGE (la lost birthdo	yeors	# Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.	E. STREET	3508 Cot		zenile	12.0	
Baltimore	The state of the s		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	Simon Co	oper,			
14A.USUAL OCCUPA done during most of wor	ATION (Give kind of work rking life, even if retired)		of Business or Industry Self-Employed		Mrs. Ell		lton		tig v m
16. WAS DECEASED (Yes, no prunknown) (I	EVER IN U.S. ARMED 1 yes, give wor or doles	FORCE of service	17. SOCIAL 216-50-2312	18. INFORM		en Coo	per 3		tage Avenu
(This does not heart follure, o injury or comp	OR CONDITION DIRE ADING TO DEATH meen the mode of dy sthenla, etc. it means the lication which coused de	ing, e.g.,		AUSE G		und o f	head		approximate interva Iween onset and dea
DISEASES OF RISE TO THE LUNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OF CO.	R CONDITIONS, IF AN' ABOVE CAUSE (A) STA G CONDITION LAST. II FICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN P.	ONTRIBUTHE TERM	(C)TING						
2/	OPERATION 208. COI	NOMON	FOR WHICH OPERATION WA			(II in Rollimor	e City alv		Yes
UNDERLYING UTING CAU	OR CONTRIB- SE OF DEATH.	orox)	228. PLACE OF INJURY (e.g., home, lorm, loctory, street, officer) r) 22E. INJURY OCCURRED. WHILE AT NOT AT W		XX 2600 b 2F. HOW DID IN Shot by	JURY OCCU	lanic	o Avenu	e 151
	R'S Charles pe)	505 D	Inspection Au Accident Suicide Springate, M.D. 24C. NAME of CEMETERY Mt. Auburn	ASSI ASSC	CHIEF MEDICAL ISTANT MEDICAL IS CIATE MEDICAL IN COUNTY 24D.	Undetermine EXAMINER EXAMINER EXAMINER LOCATION	(City,	ner 🗌	
25A. DATE REC'D B JAN 10 VS 151-REV. 1/1/68		258. 1	NAME OF REGISTRAR	25C. 1	UNERAL DIRECT	OR		ADDRESS	urens St.

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written approval must be obtained before the remains are embalmed ar final disposition is made.

RAITHAODE	CITY HEALTH	DEDADTMENT
DALIMORE	CILL DEALID	DEFARIMENT

			. 11	1132	
REG.	No.	10			

PI	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	
17.7	NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	- 450
lity	pe or Print) TENAGLIA	FRANK	1-	8-72	15.50 A.
	PLACE IN BALTIMORE, MARYLAND, WI		A. STATE & COUNT	Υ .	titution; residence before admission)
FLHIN	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA STITUTION	LL OR INSTITUTION, GIVE STREET	MARYLAND -	D. INSID	DE CITY LIMITS?
4	t .		BACTIMOR	6	YES NO
	HE UNION MEMOR	RIAL HOSPITAL.	E. STREET AND NUMBER	ISON LA	NE. 21206
	M w.	* MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9-19-97	AGE (In years est birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	LUSUAL OCCUPATION (Give kind of work to during most of working life, even if retired)	IOR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
	RETIRED.	PIDE GYLF	ITALY.		U.SA.
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAM	-	
	SYLVESTER TO	ENAGLIA.	ZAPPA	MARIA.	
15. (Ye	Wes Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wer or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	No -	217-01-6895A	Maria D. Tenag	glia 4020 B	iddison Lane 2120
	18. 0 // 9 1	CAUSE OF DEATH	SUPERTANDO	COTO TOUR	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIR		//		, , ,
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE PRONCHOPNE	-U MONIA.	
	heart failure, osthenia, etc. It means injury or camplication which coused	the disease,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	COLI	-TB?	Donate	time
	DISEASES OR CONDITIONS, if a	(8)	A CONSEQUENCE OF:	John	cron_
	rise to the above cause [A] UNDERLYING CONDITION tost				***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION GIVEN IN PART	E TERMINAL			***************************************
CERTIFICATION	19A-DATE OF OPERATION 198 COND	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF TES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines)	218, PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)
ED	21D. TIME (Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21f. HOW DID INJUI	RY OCCUR?	
3	OF INJURY (APPROX)	While At Work At Work			
	22. I certify that (I) (this hospital)		12 - 27 19	71 /	- 0 : 77
	that (1) (we) last saw the deceased		- 72		19
	and have and from the couses state			in (my) (our) apini	an death accurred an the dote
	23A. SIGNATURE	S and the (1) (me) (ala) (ala hor) vi	ew the body after death.	1	23R, DATE SIGNED
	Tuliof Hofface	DEGREE Phys	nding Med. St	raff Nys.	1-8-72
	23C. PHISICIAN'S NAME (Type) JULIO A.	DEJO M.D.	3D. ADDRESS THE UNION A	LE MORIAL	ADSPITAL
24A	REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE			, town, or county) (State)
		72 Gardens of Fai	th Cem. Roll	timore, Ma	man 7 2
25 A	DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ormore, Ma	ry Land ADDRESS
Vs	JAN 10 1972 -	west E. Harber & D. 1		Inc 7110 B	elair Rd 21206
4.3	120-ne Ve 1/1/00				



death death ease n the Such
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceasec was D.O.A. at a hospital (except where the physician who pranounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined c was D.O.A. at a hospital (except where the physician who pranounced death was in regular a deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.
sha wa

1. IN	NAME OF DECEASED			la	DATE AND H	OHE OF DEATH		
(Τγ	pe or Printl Thomas Norton	n Wils	on			6, 1972		0.5 A D.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONO	UNCED DEAD	4. USUAL RESIDE				ce belore admission)
HC	ILL NAME OF DEPITAL OR ADDRESS OR LOCATION	OR INSTITU	UTION, GIVE STREET	Marylan c. CITY OR TOWN	d	D INIS	SIDE CITY LIMITS?	2734
1	the last of the la			Baltimo		J. 1143	YES 🏝	по П
9	Union Memorial Hos	spital	l DOA	E. STREET AND N	lumber lenarm A	venue		
1	male Caucasian W	/IDOWED		8. DATE OF BIRTH Oct. 16,	1907	SE (in years pirthday)	Il Under 1 Yr. Months Days	Il Under 24 Hrs. Haurs Min.
lone	USUAL OCCUPATION (Give kind of work 10B	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	ole or loreign co	ountryl	12. CITIZEN O	F WHAT COUNTRY
		Jnion	Trust Co.	Baltimor	e, Mary	land	USA	A.
	FATHER'S NAME			14. MOTHER'S MA	IDEN NAME			
	Harry T. Wilson			Annie	Ruckle			
ies.	Wes Deceesed Ever in U. S. Armed Farces? s,na or unknown! (If yes, give wor or dotes of	servicel	SECURITY NO.	17. INFORMANT			ADD	RESS
	No		217-14-1729	Elmyra W	ilson 4	109 Glen	narm Aver	nue 21206
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dy)		(A)IMMEDIATE CAU	musea	1.0	0 +	- · fec	NONSET AND DEATH
	heori lailure, asihenia, etc. Il means the injury ar complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the above cause (A) sto	disease, ith.)	(B) DUE TO, OR AS		Terese	lesses	cardia	years?
201	heori lailure, asihenia, etc. Il means the injury ar complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, rise to the above cause (A) stot UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TED DISEASE OR CONDITION GIVEN IN PART 1 /	disease, ath.) giving ling the BUTING ERMINAL	(B) Coro	a consequence of a consequence of belea me sterperse	ellitu Cardi	lesses	Jan ja	years years
KILICATION	heori lailure, asihenia, elc. Il means the injury ar complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, rise to the above cause (A) stot UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART 1 (194. DATE OF OPERATION 198. CONDITIONAL PROPERTY OF THE DISEASE OR CONDITION GIVEN IN PART 1 (194. DATE OF OPERATION 198. CONDITIONAL PROPERTY OF THE DISEASE OR CONDITIONAL PROPERTY OF THE DISEASE OR CONDITIONAL PROPERTY OF THE DISEASE OR CONDITIONAL PROPERTY OF THE PROPERTY OF THE DISEASE OR CONDITIONAL PROPERTY OF THE DISEASE OR CONDITIONAL PROPERTY OF THE PRO	disease, sth.) giving ling the BUTING FRMINAL AI. DN FOR W	(B) DUE TO, OR AS (C)	A CONSEQUENCE OF A CONSEQUENCE OF TENSIONE 20A. AUTOPSY? (NO	carde Yes or No) 20B, IN	lesses Coarce IF YES, WERE CERTIFYING CA	Jan ja	years of years
CAL CEXIII CALION	heori lailure, asihenia, elc. Il means the injury ar complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, rise to the above cause (A) stot UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART 1 (19A-DATE OF OPERATION 19B. CONDITIONS PERFORM 19BA-DATE OF OPERATION 19B. CONDITIONS PERFORM 19BA-DATE OF OPERATION 19BA-CONTRIBUTING CAUSE OF DEATH (notify medicol examinet)	giving ling the BUTING FRMINAL AI. DN FOR WAED	(B) Coro	A CONSEQUENCE OF	Cardy Yes or No) 20B, IN		Jan	
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10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	heori lailure, ashenia, etc. Il means the injury ar complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, rise to the above cause (A) stot UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART 1 (1994. DATE OF OPERATION 1998. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hopping Cause of Contribution (Month) (Day) (Year) (Hopping Cause of Contribution (Month) (Day) (Year) (Hopping Cause of Cause	giving ling the BUTING FRMINAL AI. 218. I home etc.) out) 21E. Whill Wark tended the live an obave. (1)	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) PLACE OF INJURY (e.g., In, form, factory, street, off INJURY OCCURRED (We) (did) (did not) vi (We) (did) (did not) vi	A CONSEQUENCE OF A CONSEQUENCE OF 20A. AUTOPSY? (NO 1 or obout 21 C. WHER fice bldg. INJURY OF 21F. HOW 21F. HOW A CONSEQUENCE OF 20A. AUTOPSY? (NO 21F. HOW	Cardu Yes or No) 20R IN RE DID CCUR? DID INJURY O	(If in Baltimer CCUR? ta my) (our) opli	control give exact the	locotion) 19 // urred on the dote 1972
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WEDICAL CERTIFICATION 2	heori lailure, ashenia, elc. Il means the injury ar complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, rise to the above cause (A) stot UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE EDISEASE OR CONDITION GIVEN IN PART 1 (1) 19A. DATE OF OPERATION 19B. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Day) (Year) (Hopproxi) 22. I certify that (I) (this hospital) at that (I) (we) last saw the deceased al and hour and fram the causes stated and hour and fram the causes and hour and fram the cause and hour and fram the causes and hour and fram the causes and h	giving ling the BUTING FRMINAL AI. DN FOR WAED 218, I home etc.) Out) 21E, While Wark tended the live an obbave. (1)	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) PLACE OF INJURY (e.g., In, form, factory, street, off INJURY OCCURRED (We) (did) (did not) vi (We) (did) (did not) vi	20A. AUTOPSY? (No 1 or obout 21C. WHER fice bidg. INJURY or 21F. HOW 21F. HOW 21F. HOW 30. ADDRESS 3035 St. MATORY	Cauda Yes or No) 208, IN RE DID CCUR? DID INJURY Of the country o	(If in Boltimor	nlan death occ 238 DATE SIGN Jan 7, Lto. Md 2	urred on the dote

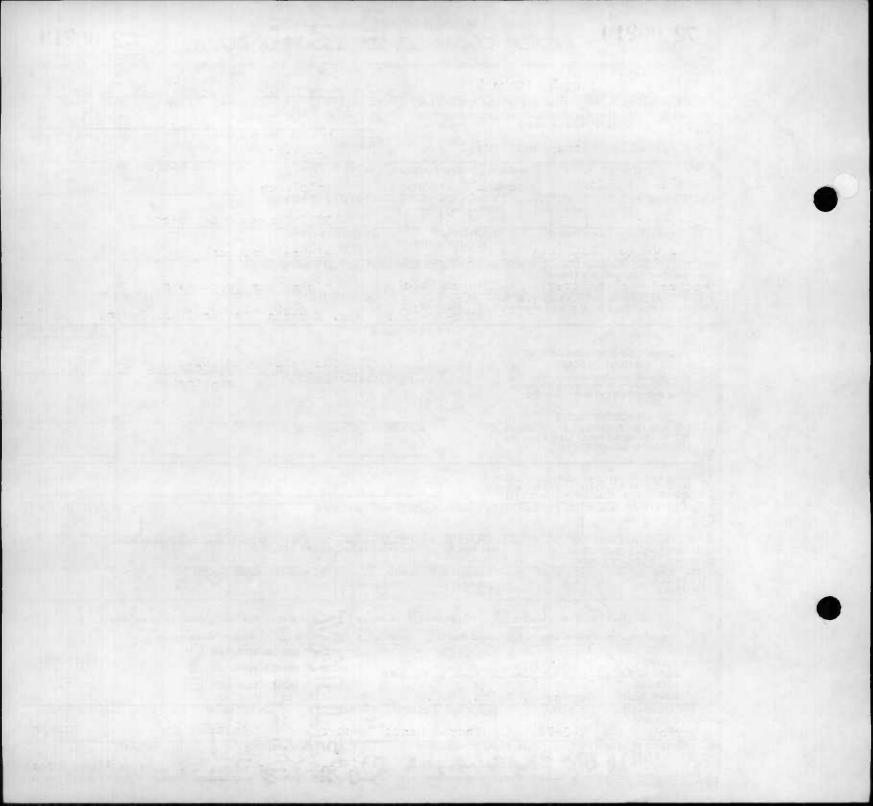
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M 324 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	7) 219

	NAME OF DEC	EASED				2. DATE	Known 🔲	Month	Day	Year	Hour	
(Type or Print) Joseph Mitchell				DEATH	Estimoted	1	4	72		м.		
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PI	RONOUNCED DEAD	3. DATE		Month	Day	Yeor	Hour	
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITAL	OR INS	TITUTION, GIVE STREET		UNCED DEAD	1	4	72	alara admire	M.
	00	3515 C	laremou	int S	Street	A. STATE	Maryland		B. COUNTY	n; residence b	60	ionj
6.	SEX	7. RACE		B. MARE	RIED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?		
	Male	Whit	e	WIDOV	VED DIVORCED		Baltimore		Y	ES X	No 🗆	
9. [DATE OF BIRTH	1	to. AGE (In lost birthdoy		H Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.		AND NUMBER					
	BIRTHPLACE (S		76		1 i i	13. FATHER	3515 Clare	mount	Street			
11.	DIKTTIPLACE (3	tote or toteld	n country)		WHAT COUNTRY?			1				
1.48	Baltin	nore, M	laryla n	AR MINIT	USA OFBUSINESS OR INDUSTR		Michael Ma					
don	e during most of w	orking life, ev	en if retired)									
	etired -				ethlehem Steel		<u>Michaelena</u>	Krytk		DDDCCC		
16. (Ye:	WAS DECEASI s, no or unknown)	(It yes, give w	vor or doles o	f service) SECURITY NO.	18. INFOR				DDRESS		C.L
	No				218-10-3102		Auretta E	isigna	n1, 331		PROXIMATE IN	
	19.	5X1			CAUSE OF DEA	TH					EEN ONSET AN	
			MON DIREC	TLY								
		LEADING TO					rcinoma of	prost	ate wit	:h		
	heart toilure,	asthenia, etc.	mode of dyle it means the ch coused deal	disease,	DUE TO, OR	AS A CONSEC	PUENCE OF:	metas	tasis			
	44	NTECEDENT	CALISES		10)							
	DISEASES (OR CONDITIO	ONS IF ANY	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE	ABOVE CAL	use (a) stati	ING THE								
NO					(C)							
CERTIFICATION	OTHER SIGN	IFICANT CON	II NDITIONS CO	NTRIBLE	TING							
5	TO THE DEA	ATH BUT NOT	RELATED TO T	HE TERM	IINAL							
F					FOR WHICH OPERATION W	AS PERFORA	AED			21. AUTO	PSY? (Yes o	r No)
ü	0										No	•
¥	22A. EXTER	NAL CAUSE	WAS		228. PLACE OF INJURY (e.g.,	In or obout	22C. WHERE DID	(Il to Baltimo	e City, give ex	act location)	NO	
MEDICAL	UNDERLYING UTING CA	OR CON	TRIB-		home, farm, factory, street, office	e bldg., etc.)	NJURY OCCUR?	(a in building	o only give on	aci rocanony		
Σ	22D. TIME		oy) (Year)	(Hou	r) 22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCI	JR?			
	(APPROX.)					WHILE WORK						
	23.											
	I cert	Ify that I h	eld on In	quiry	Inspection L Au	topsy	ond that on the	his basis,	death in my	opinion		
	result	ed from: N	otural cous	es 📑	Accident Suici	de H	omicide 🔲	Undetermi	ned monner			
		linn		, /	D	_ 1 _ /	CHIEF MEDICAL E				DATE SIGN	IED
	SIGNATI	Jell V	INV	VV	M.I.	ASSI	ISTANT MEDICAL	XAMINER				
	EXAMIN	ENS		,	0		CIATE MEDICAL E		prosen		1-6-72	1
	NAME (1		Werner	U. S	pitz, M.D.							
RE	A. BURIAL CREA MOVAL (Specia	MATION, 2	48. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION		n, or county)		
	Burial		1-7-72		Sacred Heart		~	Baltin	nore		Mary	land
25	A. DATE REC'D		DEPT.		NAME OF REGISTRAR	250	FUNERAL DIRECT	OB .		ADDRESS		
	JA	N10 1	972 76	Bert	En Jaber M.D.	705	eph N. Za	nino.	263 S.	Conk1	ing Str	eet
VS	151-REV. 3/1/68		-	1 ,			1 1 27	,				



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased approved by the chief medical examiner or his assistant if death occurred in a hospital and death was in regular attendance on the the deceased prior to death. FUNERAL DIRECTOR: IMPORTANT deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are embalmed or final di was D.O.A. at a hospital (except where the physician who pronounced This certificate must be

VS 150-REV. 1/1/68

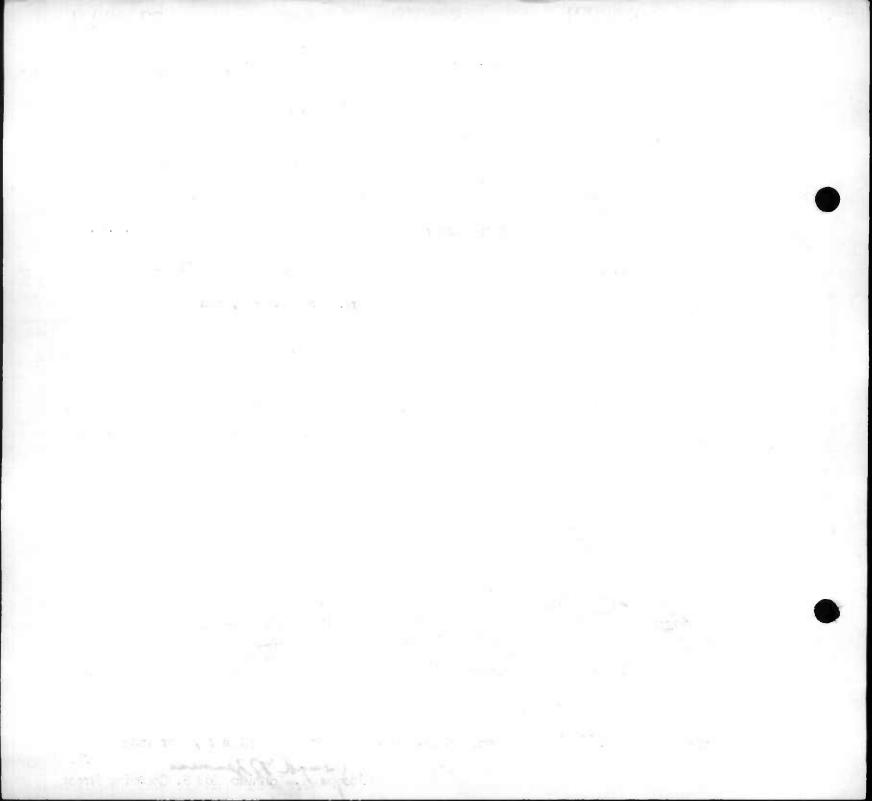
Such

72 00220		HEALTH DEPARTMENT	REG. NO	72 00220
BIRTH NO. 1. NAME OF DECEASED (Type or PrintPaciocco, Willia)			AND HOUR OF DEATH	1 1:30 A.
3. PLACE IN BALTIMORE, MARYLAND, W	AL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (W. A. STATE B. CO. Maryland	here deceased lived. If UNITY	institution; residence before admission
Mercy Hospita 301 St. Paul F	1	C.CITY OR TOWN Baltimore		SIDE CITY LIMITS? YES NO
J/ JOI St. Faul F	Tace	E. STREET AND NUMBER	aremont St.	
5. SEX 6. RACE W	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3/1/98	9. AGE (In years lost birthday)	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker	Retired	Italy	oreign country)	12. CITIZEN OF WHAT COUNTR
Gaetano Gus Paciocco	/	14. MOTHER'S MAIDEN N D Philomena	a	
15. Was Deceased Ever in U. S. Armed Far (Yes, no or unknown) Uf yes, give wor or dote NO	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	el Paciocco	ADDRESS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if tise to the above couse (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION S CO. TO THE DEATH BUT NOT RELATED TO TO THE DEATH BUT NOT RELATED TO TO THE DEATH BUT NOT RELATED TO TO TO THE DEATH BUT NOT RELATED TO TO TO TO THE DEATH BUT NOT RELATED TO	NTRIBUTING HALOT	necrotic liver A CONSEQUENCE OF: Thane hepatiti	.5	3 Months 1 Year
3-22-68 WAS PERF	21B. PLACE OF INJURY (e.g., ir home, farm, foctory, street, off etc.)	nor obout 21C, WHERE DID fice bldg, INJURT OCCUR? Mevcy Id. 21F, HOW DID II	(II In Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location; St, Paul Place
(APPROX) 3-28-68	While At Not While At Work			ane Auesthesia
22. I certify that (I) (this hospital that (I) (we) lost saw the decease and hour and from the couses state 23A. SIGNATURE				Inlon death occurred on the dat
23C. PHTSICIANS NAME (Type) Tohy U	OHE DEGREE Phys	3D. ADDRESS Mercy	Stoff of Phys. of	1/9/72 , Baldim JV e
Burial (Specify) 1/12/72	Sacred Heart Ceme		Itimore, Mary	ity, town, or county) (State)
JAN 1 0 1972	258. NAME OF REGISTRAR M.D.	25C. FUNERAL DIRECTO	The second secon	ADDRESS

pseph N. Zannino 263 S. Conkling St.

5	0	0		1	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	wereased prior to dearing and (c) no priystrian was in regular affectable on the deceased prior to death. Such	

	72 00221		BALTIMORE CITY	HEALTH DEPARTMENT		72 00221
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DI (Type or Print)	WEIDO	D7 1	MATO		AND HOUR OF DEAT	
3. PLACE IN B	ALTIMORE MARYLAND, W			14. USUAL RESIDENCE ()	JAN. 6, /	972 5.40A institution: residence before odmissi
				A. STATE B. CC	OUNTY	institution: residence befole damissi
FULL NAME O HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION)	IUTION, GIVE STREET	MARYLAND.	In IN	ISIDE CITY LIMITS?
	RCH HOME AN	n Hosi	PITAL	BALTIMO		YES NO
2 60110	KUIT /TUTTE TIME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		E. STREET AND NUMBE	R	
5. SEX	6. RACE	-			HLAND AVEN	
M	W	WIDOWED		8- 20-1911		Months Doys Hours Min.
IOA, USUAL OC done during most of	CUPATION (Give kind of work for working lile, even if relired)		F BUSINESS OR INDUSTRY el Worker	11. BIRTHPLACE (State of NEW YOR		12. CITIZEN OF WHAT COUNT
3. FATHER'S N				14. MOTHER'S MAIDEN		
	MARKO I	I MA	10	THERE.	SA ? Ri	voli
5. Wes Decease Yes, no of unknow NO	od Ever in U. S. Armed Force (if yes, give wor or dote:	es? of service)	16. SOCIAL SECURITY NO. 213-09-3562	Mrs. Sarah Di	Maio, same	ADDRESS
18. 44	0.9 - 5 -	0.9	CAUSE OF DEATH	H		APPROXIMATE INTERVA
DISE	ASE OR CONDITION DIR	ECTLY		0	1	BETWEEN ONSET AND DEA
(This does	LEADING TO DEATH	dving. e.g.	(A) IMMEDIATE CAU		ARREST	ONE HOUR
heart failure	, asthenia, etc. If means implication which caused	the disease,	DUE 10, OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES		MVA	PAPATHE IN	FARCTION	4 days
DISEASES	OR CONDITIONS, if	ny, giving	DUE TO, OR AS	CARDIAL IN A CONSEQUENCE OF:		1 444.82
rise to I	he above cause (A)	stating the	10 ARTERI	OSCLEROTIC HE	FART DISEASE	UNKNOWN
	11		(C/ofedorichesoscensiste			
TO THE DEA	IFICANT CONDITIONS CON ATH BUT NOT RELATED TO TH CONDITION GIVEN IN PART	E TERMINAL	***************************************	TES MECLIT	-05	6 YRS.
19A. DATE O	OF OPERATION 198 CONE	NOTION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IP YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING DEUTING CAUSE OF by medical examined	21 B hon etc.	PLACE OF INJURY (e.g., In ne, form, fociory, street, of	or obout 21 C. WHERE DID	(If In Bolilmo	ore City, give exact location)
21D.TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
(APPROX.)		Wh	ile At Not While	· 🗆		
	y that (4) (this hospita)		he deceased fram	1,4.	_19 72_to	1 6 1972
that (we	last saw the deceased	alive on	1,6,		that In (my) Our op	Inlan death accurred on the de
and hour a	nd from the causes state	ed abave.	(did) (did not) vi	lew the body after deat	h.	
23A. SIGNAT		40	AAL MJ AHOI	d:		23B, DATE SIGNED
22C BUVELO	tustun	~. J2	DEGREE Phys		Staff Phys.	1.6.1972
23G. PHYSICI NAME (KUSTUH	IRANI		CHURCH HO	HE AND HO	SPITAL
AA. BURIAL CR REMOVAL	(Specify)	24C. N		MATORY 24D.		City, town, or county) (State)
Burial	1//10/72	0	aklawn Cemeter	у	Baltimore, N	Maryland
SA. DATE REC'	PN 160 1972 Và	CELE E.	SALDEN AD	25C. FUNERAL DIRECT		ADDRESS Conkling Street
/S 150-REV. 1/1	/6R	1	7 62 20	- I J GSEDIT IN A A	annino zos 5.	. Conking Street

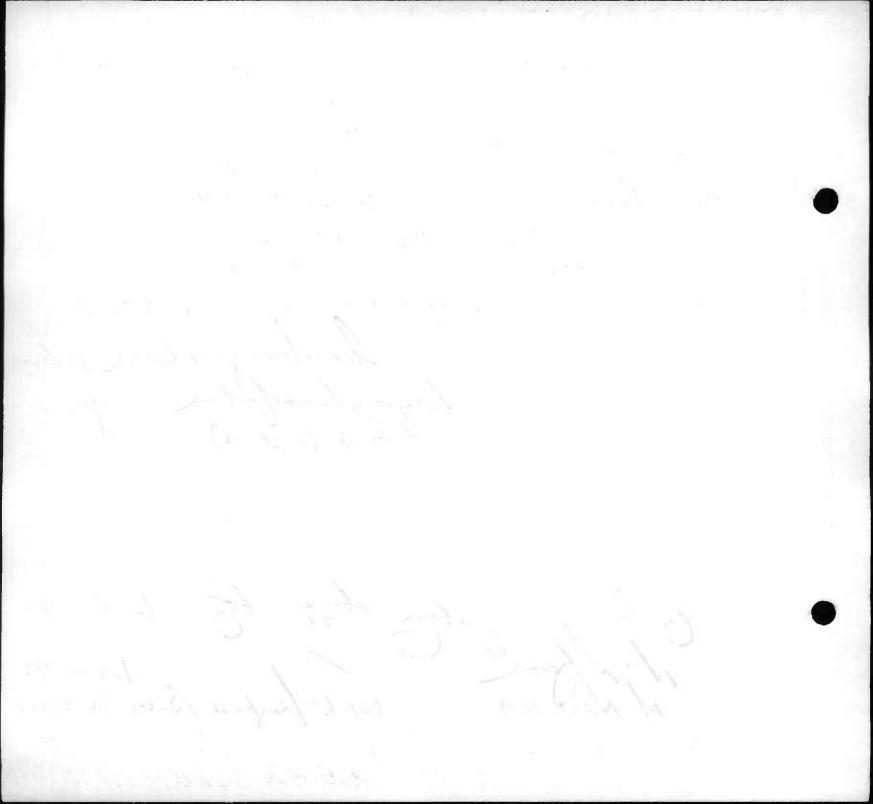


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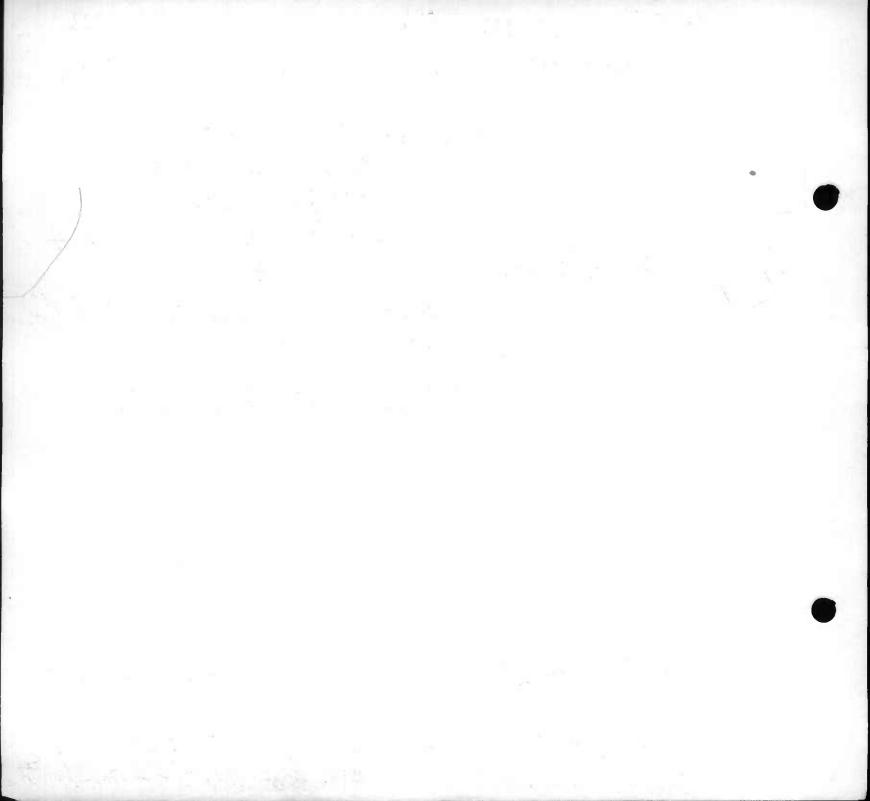
		100	0	11	11	0	5)5	7
REG.	NO.	1			1	4	6	-

BIRTH NO.			CERTIFICA	TE OF DEA	HTA	REG. NO	1 = 1	NIZCC
1. NAME OF DI				2.	DATE AN	D HOUR OF DEATH		
	GREEN	CLEM					972	11:30 Pm.
FULL NAME O	F (IF NOT IN HOSPIT			A. STATE MARYLAN	COUN	re deceased lived. II in ITY	stitution:	residence belare odmissian)
HOSPITAL OR	ADDRESS OR LOCA	(NOITA	ITUTION, GIVE STREET	C. CITY OR TOWN BALTIMOR	RE,	D. INSI	DE CITY I	
00	E. STREET AND NO.		STREET					
5. SEX	6. RACE	7- MARRIEI	X NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years 69	II Und	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
MALE 10A, USUAL OC	NEGRO CUPATION (Give kind of work	WIDOWE		1-27-19	1000	62		Doys Hours Min.
done during mast (f working life, even if retired)	0 1	x1 H.				12. 011	IZEN OF WHA! COUNTRIS
13. FATHER'S N.	AMF	Buch	Cham Dulc	GREENVILLE	-			
	GREEN CLEMONS					ES MOORE		
15. Was Dagger	d Ever in U. S. Armed For		It social		IVAIVU	_3 MOUKE		
NO NO	ml (If yes, give war ar date	s of service)	16- SOCIAL SECURITY NO. 213-07-8995	ROWENA CLE	MONS	- 17 N. M	OUNT	STREET
18. 24	10,41		CAUSE OF DEAT	H //	1			APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY		//			1	BETWEEN ONSET AND DEATH
IThis door	LEADING TO DEATH		(A) IMMEDIATE CAL		Coros	aypul	sion	1 history
heart failure	nal mean the mode of , asthenia, etc. It means	the disease	DUE TO, OR AS	A CONSEQUENCE OF	:	10		
injury or co	mplicalian which caused	death.)		1. 1.	11	and less C		
	ANTECEDENT CAUSES		(B) SKEGI	pal neor	7/3			gears
rise la 1	OR CONDITIONS, if the obove cause (A)	ony, giving slaling th		A CONSEQUENCE O	F: (. 1		
ONDEREN	II		(c)	<i>y</i> <u> </u>				
E ITO THE DEA	FICANT CONDITIONS COL TH BUT NOT RELATED TO TH	IE TERMINAL						
	F OPERATION GIVEN IN PAR WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Y	es of No	OR IF YES, WERE F	INDINGS ISES OF	CONSIDERED DEATH?
OR CONTRIE	ENT WAS UNDERLYING UTING CAUSE OF	21 ha	B. PLACE OF INJURY (e.g., i me, farm, foctory, street, al c.)	n of about 21C, WHER fice bldg., INJURY O	E DID	(If In Boltimore	City, giv	re exact location)
OF INJURY	(Manth) (Day) (Year)	(Haud 21	E INJURY OCCURRED		DID INJ	URY OCCUR?		
(APPROX.)	pr.		hlle At Not While					
22, I certif	that (i) (this hospital		121	Nous		965 10	-/-	20 112
) last sow the decadse			19.71			lon dea	th occurred on the date
and hour o	d from the couses stat	ed above	(I) (We) (did (did not) v	law the hade often		in Court of the	ion aca	III occorted on the date
23A. SIGNAT	URF		Constitution (State Hotel)	lew the budy offer	ded m.		23B. DA	TE, SIGNED
15	1 · Naya	one	Disast	nding And.		Staff Phys.		1-10-72
23C. PHYSICI	AN'S		DEGREE Phys	23D. ADDRESS	7	rnys, and		
NAME (J. NAKAZ	AWA	DEGREE	521 W.	Prin	for SX. /S	also	Ad 2/201
REMOVAL	(Specify)	22 7	IAME OF CEMETERY OF CRE	akel.	14	ele mural	y, town, c	or county) (State)
25A. DATE REC	AN 1 0 19/2	258 NAME	OF REGISTRAN	25C FUNERAL D		a much	1300	ADDRESS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased eprior to death); and (6) No physician was in regular attendance on the deceased eprior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	C-155 BALTIMORE CITY HEALTH DEPARTMENT 72 00223
	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
1	1. NAME OF DECEASED (Type or Print) CHAPMAN DORIS 2. DATE AND HOUR OF DEATH 11-55
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
10	SINAI HOSPITAL OF BALTIMORE BALTIMORE VES NO
	5. SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 7. AGE (In years If Under 24 Hrs.
	WIDOWED DIVORCED 2 12313 7 Iost Dirinady, Manihis Days Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12 BIRTHPLACE (Slole or foreign/country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
	(Tes. no of Unknown) (If yes, give wor of dates of service) SECURITY NO.
	18. APPROXIMATE INTERVAL
	LEADING TO DEATH
1	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
	Injury or complication which caused death.) = CARCINOITA of CERVIX- Huaemid
	DISEASES OR CONDITIONS, if any, giving (B) 105710 LE 100 MARY 1 REGULATIONS DUE TO, OR AS A CONSEQUENCE OF:
	nse to the above cause (A) stating the UNDERLYING CONDITION last. (C)
	Z OTHER SIGNIFICANT CONTRIBUTION
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in or about 21C. WHERE DID home, form, factory, street office bldg., INJURY OCCUR?
	21D.TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	Work At Work
	22. I certify that (1) (this hospital) ottended the deceosed from
	that (i) (we) last saw the deceased alive on
1	HOUSQ 23B DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) Aftending Med. Shaff Shaff Shaff Shaff Director Phys. 1572
	AA. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. NOCATION (City. town, or county) (State)
1	SA, DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 250 FWIERAL DIRECTOR
1	IAN 1 0 1972 Pales E. Raber 1202



88

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0 -03		HEALTH DEPARTMENT					
D-520	24 CERTIFICA	TE OF DEATH	REG. NO.	72 101224			
BIRTH NO.	OZKI II TO		AND HOUR OF DEA	TH			
(Type or Print) BANKS. BETTY A		1	114/72				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO			they deceased lived. 1	If institution; residence before admission)			
	ATTION AND ATTION		7	44 5 316			
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	RYLAND D. I	NSIDE CITY LIMITS?			
NS3110110K		ANNAPOLIS		YES NOX			
JOHNS HOPKINS HOSPITAAL	1000	E. STREET AND NUMBER					
23		134 BESTGATE ROAD					
5. SEX 6. RACE 7. MARK	SED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours! Min.			
female CO / widow		05/13/37	39 40				
done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of 1	oreign Country)	12 CITIZEN OF WHAT COUNTRY?			
Library Un	S. Maval (Lead.	ma.		1. S. A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	MAME				
Barker Hollie		HALL,	LAURAX				
15. Wes Decessed Ever in U Armed Forces? (Yes, no or unknown) (il yes, give war or dates af servi	16 SOCIAL	17. INFORMANT		ADDRESS			
tres, no or enknown/ it yes, give war or coles of select	SECURITY NO.	MeriAN	BONKS.	-ANNIA MI			
18. 9 9 / V 1	CAUSE OF DEAT	H	100/4/5	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A) IMMEDIATE CA	ISE Pulmon	my Enot				
(This does not mean the mode of dying, heart failure, asthenia, etc. it means the dise	(This does not mean the mode of dying, e.g., DUETO OR AS A CONSEQUENCE OF						
Injury at complication which caused death.)	311.						
ANTECEDENT CAUSES	(8) 5		Luidosis				
	SEASES OR CONDITIONS, if any, giving DUE TO, OR AS						
dise to the above cause (A) stating UNDERLYING CONDITION last,	(c)						
11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG						
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).							
19A. DATE OF OFERATION 19A CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSYT (Yes or	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH Incity medical examined	21B PLACE OF INJURY le.g., home, farm, factory, street, o etc.)	n or obout 21 C. WHERE DID ffice bidg.) (If In Balif	Imare City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hous)	21 E INJURY OCCURRED	21F. HOW BID	INJURY OCCUR?				
(APPROX)	While AI Work AI Work	• 🗆					
22. I certify that (I) (this hospital) attend	ed the deceased from	11/30	19 7/ to	1/8 1972			
that (1) (we) last saw the deceased alive	3 00	19 72 and	that in(my) (our)	apinion death occurred on the dote			
and hour and from the causes stated above			. —				
23A. SIGNATURE	stary (and) (and not)	view like body dilet deal	111.6	238, DATE SIGNED			
RAD	M.D AH	ending Med.	Staff Phys.	1/4/			
23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	Phys.	1/8/72			
23C.PHYSICIANS NAME (Type)		~. /	1	11			
249 BURIAL CREMATION, 248. DATE 124	C. NAME of CEMETERY OF CR	EMATORY 124D	topkins	Husp Md			
REMOVAL (Specify)	CHANGE OF CEMETERS OF CH	A	LUCATION	(City, town, or county) (State)			
Jurial 1/13/72	rowler's	-	LOGENNE	15 H.H. (*)d-			
25A. DATE REC'D BY HEALTH BEPT. 1 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS			
JAN 10 MZ VARAL COM	May Act	MALLES WAS F	reese, 11-	MNNapolis, (*)d.			
VS 150-REV. 1/1/68			,				

1200

LARVERDE DICTOR BETT

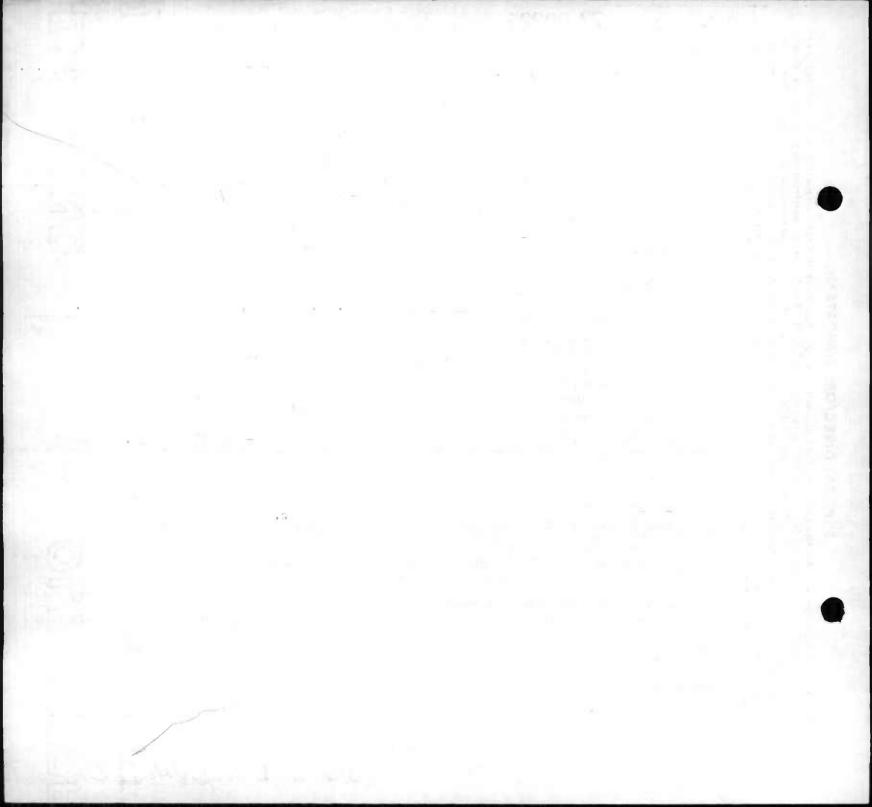
female - 4400 ____ = 5/13/3 S-

Banton Hollie Lauren

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

V\$ 150-REV. 1/1/68

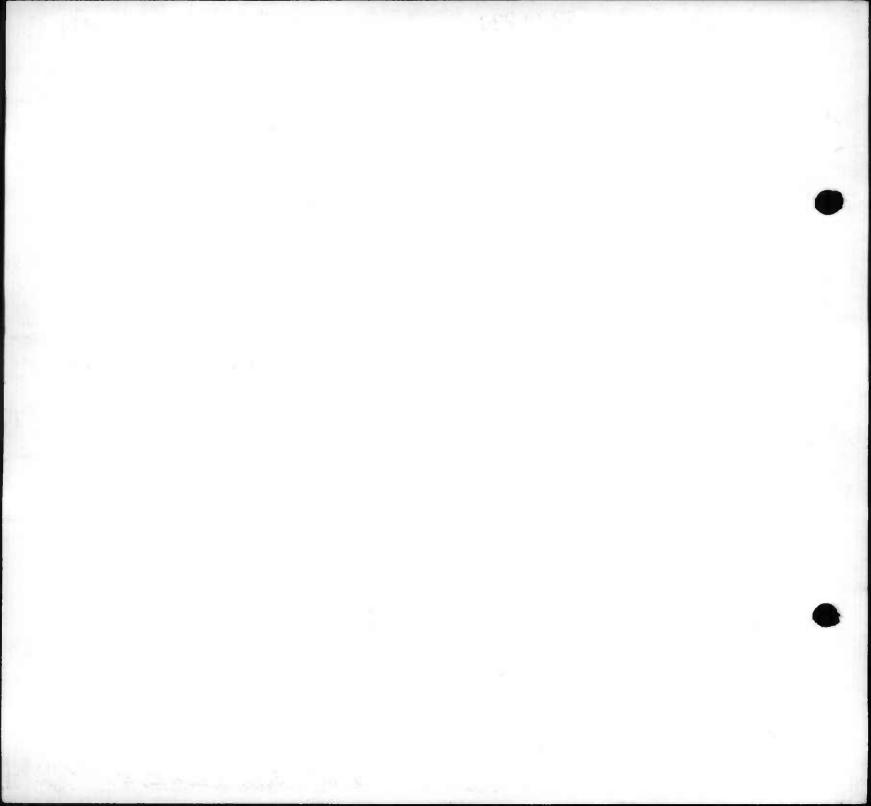
1/	Alla A	ACCE	BALTIMORE CITY	HEALTH DEPARTMENT	- 2	72 00225
1-240	6 72 0	(122)	CERTIFICA	TE OF DEATH	REG. NO	
BIRTH NO.			CERTITION			
1. NAME OF DE		SR			AND HOUR OF DEAT	
	Paul Kugl	er 4			-5-72	7:15 P.M.
3. PLACE IN BA	LTIMORE MARYLAND,	WHERE PRONO	UNCED DEAD	A, STATE B, COL		institution; residence before admission)
FULL NAME OF	F UF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland	DALT	0 3300
HOSPITAL OR	ADDRESS OR LOC	(ATION)		C. CITY OR TOWN	D. 1N	ISIDE CITY LIMITS?
				Baltimore		YES NO
35	Church Home	& Hosp	ital	E. STREET AND NUMBER		
				ll Vista Mo	bile Drive	21222
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
Male	White	WIDOWED	DIVORCED	2-2-99	72	
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	f working life, even if refired) Crane Opera			Austria		USA
13. FATHER'S NA		cor - St	eel	14. MOTHER'S MAIDEN N	AAAF	USA
	Kugler			Christin	la Frederic	
15. Was Decesse (Yes, no or unknow	d Ever in U.S. Armed Fr n) (If yes, give war or da	ics of service)	SECURITY NO.	17. INFORMANT		ADDRESS
Yes	WWl		215-10-0389	Mrs. A. Kug	ler, llVist	ta Mobile dr.
18.	SA VI		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEA	ASE OR CONDITION D	RECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(ANNAMEDIATE CAL	se Cardio- Res	piratory F	ailure 3 Hours
(This does	not mean the mode o	dying e.g.	DUE TO OP AS	A CONSEQUENCE OF:	<u>.*</u>	
injury of Co	, asthenia, etc. It mean implication which cause	d death.)				
	ANTECEDENT CAUSE	s	(7 Matect	ases Liver, F	ossible in	Lungs 6 Months
DISEASES	OR CONDITIONS, If		(B) DUE TO, OR AS	A CONSEQUENCE OF:	Opprofe III	nungs o nonons
	he above cause (A)					Uncertain
UNDERLYIN	16 CONDITION last		(c) Carcir	oma of Esopha	go- Cardia	c Jung Duration
-	11		B	. 0 . 0 .	71.0	on Eg. Anestono
	IFICANT CONDITIONS CO		Kena	efailiare,	, KEAK F	on to Areshyon
< DISEASE OR	CONDITION GIVEN IN PA	RT 1 (A).				
E 7 12-2	of operation 198 co	RPORMED		20A. AUTOPSYR	IN CERTIFYING	E FINDINGS CONSIDERED
U 21A. ACCID	· · · · · · · · · · · · · · · · · · ·	rcinoma	oi Esophago	Gastric June.		nore City, give exact location)
OR CONTRI	ENT WAS UNDERLYING	hon	ne, form, factory, street, o	fice bidg. INJURY OCCUR?	fit in bailin	ore City, give exact localian;
O	fy medical examined	etc				
OF INJURY	(Month) (Day) (Year		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
E (APPROX)		W	nile At D Not While	• 🗆		
22 1	y that (I) (this hospite				_19 7/to	1.5 10 7)
			ne decensed train	10 77	1 - 1 - 1 - 1	states death assumed as the date
	e) last saw the deceas			·		pinion death occurred an the date
		ated above. (i) (We) (did) (did not)	lew the bady after deat	10	
23A. SIGNAT	D. l.	. 0		adiana Mada ma	\$1_H ===	238, DATE SIGNED
/	Jan-	. 190	MDDEGREE Phy	nding Med. Director	Staff Phys.	1.7.72.
23C. PHYSICI	IAN'S PRAG	IR-K.	RACE	23D. ADDRESS		,
1	Dr. Ho	se Yoan	ico Mo	Church Home	& Hospita	1
24A. BURIAL CE	REMATION, 248 DATE	24C. N	AME of CEMETERY or CR			(City, town, or county) (State)
REMOVAL	(specify)	Inn	. 0	0.0.		200
25A DATE REC	al Jano,		GE REGISTRAR	25C. FUNERAL DIRECT	orsey	MOCADDRESS
178110	1079 12 4		(25)	0 0 10 2 1	D 4 ()	1H- D
A LOSIN I III	LIEF. I LICECULE	-	dial bod		the contract of the	1 MBanco V 11100 Da



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CERTIFICATE OF DEATH REG. NO.	11226
BIRTH NO.	
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
(Type of Panil) Mc (REDDY ELIZABETH 1/2/1972 at 5	1-45 A.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: reside	TOPIN
A. STATE B. COUNTY	nce belore damissio
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Md. 21216.	15 4
ADDRESS OR LOCATION)	5?
Lutheran Hospital of Manyland Baltimore YES	поП
750 Ash burton E. STREET AND NUMBER	140
Ballimore Md. 21216. 2107 Ellamont St.	
6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE lin years list birthday) WIDOWED DIVORCED 9/24/1898 7. MARRIED NEVER MARRIED DOWN	Hours Min.
A USUAL COOLING TO LIVE A COOL	OF WHAT COUNT
fone during most of working life, even it retired)	or whyi contri
13. FATHER'S NAME	
5. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) [If yes, give wor or dates of service] 16. SOCIAL SECURITY NO.	DRESS
South No.	
118 CAMPS OF CAMPS	
leftw.	PROXIMATE INTERVAL EEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	and offer and other
LEADING TO DEATH (A)IMMEDIATE CAUSE Chronic rena tailure	1 Ur.
this does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
heart failure, asthenic, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
TIME TO THE OPTIME TO STORY IN STORY IN	
UNDERCTING CONDITION last, (c)	

O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	5) 11100
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	2 4 rs
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 1204. AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CON	VSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 120A-AUTOPSY? (Yes of No.) 120B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT	VSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 10B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT	VSIDERED TH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1995. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Baltimore City, give exe	VSIDERED TH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION 179R-CONDITION FOR WHICH OPERATION WAS PERFORMED 120A-AUTOPSY? (Yes of No.) 179A-DATE OF OPERATION WAS PERFORMED 179A-DATE OF OPERATION 179B-CONDITION FOR WHICH OPERATION	VSIDERED TH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? (If in Baltimore City, give exompted)	VSIDERED TH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. CONDITION FOR WHICH OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Home, form, foctory, street, office bidg. 216. PLACE OF INJURY (e.g., in or about 21C. WHERE DID INJURY OCCUR? 216. TIME (Month) (Doy) (Yeor) Hour) 217. HOW DID INJURY OCCUR?	VSIDERED TH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) 1Hour) 21E. INJURY OCCURED While At Work Work While At Work	VSIDERED TH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) 1Hour) 21E. INJURY OCCURED While At Work Work While At Work	NSIDERED (H?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) Hours 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While 22 1 19 10 1 2 1 19 1 10 1 1 10 1 10 10	NSIDERED HY?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID 10R CONTRIBUTING CAUSES OF DEAT OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 210. TIME (Month) (Doy) (Year) 1Hours 21E. INJURY OCCURRED OF INJURY (APPROX.) 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID 10R DEATH (notify medical examines) 210. TIME (Month) (Doy) (Year) 1Hours 21E. INJURY OCCURRED While At Not While 22E. INJURY OCCURRED 220. I certify that (I) (this hospital) attended the deceased from 12/20/1971 19 to 1/2/19 that (I) (we) last saw the deceased alive on 1/2/1971 19 and that In(my) (aur) apinlan death occurred the deceased dive on 1/2/1971 19 and that In(my) (aur) apinlan death occurred that	NSIDERED (H?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID NOT NOT WHERE DID NOT	NSIDERED HY?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) IHour 21E INJURY OCCURED While At Not While At Work 22D. T certify that (I) (this hospital) attended the deceased fram 12/20/197/19 and that In(my) (aur) apinian death occurred and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death.	visidered (H?) out location) 1.72 19 courred on the da
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? (APPROX.) While At Not While Not Whi	NSIDERED (H?) Let location) Courred on the da
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19A. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONTRIBUTING 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exonomics) 19A. ACCIDENT WAS UNDERLYING 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exonomics) 19A. ACCIDENT 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exonomics) 19A. ACCIDENT 19A. DID INJURY OCCUR? 19A. Work 19A. Stoff 19A. S	visidered (H?) out location) coursed on the da
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIV	INSIDERED (H?) Interpretation of the description o
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISABLE OF CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT OR CONTRIBUTING CAUSES OF DEAT OR CONTRIBUTING CAUSE OF DEAT OR CONTRIBUTING COURT OR CONTRIBUT	ASIDERED (H? oct location) coursed on the da sines inly) (State)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CON WAS PERFORMED NAS UNDERLYING OR CONTRIBUTING CAUSES OF DEAT OR CONTRIBUTING CAUSE OF home, form, factory, sheet, office bidg., injury occur? 10 DEATH (notify medical examines) 11 DEATH (motify medical examines) 12 LA. ACCIDENT WAS UNDERLYING Nor many form, factory, sheet, office bidg., injury occur? 13 DEATH (notify medical examines) 14 DEATH (notify medical examines) 15 DEATH (notify medical examines) 16 DEATH (notify medical examines) 17 DEATH (notify medical examines) 18 DEATH (notify medical examines) 21 LA. ACCIDENT WAS UNDERLYING Nor many form, factory, sheet, office bidg., injury occur? 19 DEATH (notify medical examines) 21 LA. ACCIDENT WAS UNDERLYING NOR PROPRIED NOR PROPRED NOR PROPRIED NOR PROPRIED NOR PROPRIED NOR PROPRIED NOR PROPRED NOR PROPRIED NOR PROPRIED NOR PROPRIED NOR PROPRIED NOR PROPRED NOR PROPRIED NOR PROPRIED NOR PROPRIED NOR PROPRIED NOR PROPRED NOR PROPRIED NOR PROPRIED NOR PROPRIED NOR PROPRED NOR PROPRIED NOR PROPRIED NOR PROPRIED NOR PROPRIED NOR PROPRIED NOR PROPRE	SIDERED (H? oct location) coursed on the da SNED -/ / 9 -/ /



This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician wha pranounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written apprayal must be abtained before the remains are embalmed ar final disposition is made.

1	1	(1)	กกววว	BALTIMORE CITY	HEALTH DEPARTMENT		
1	1-35	2	MONTH.	CERTIFICA	TE OF DEATH	REG. NO	72 111999
BIRT	H NO.			CENTITICA			
	or Print)	DAMS, James He	erbert		1-4-7		3:30 a.m. M.
3. P	LACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where		institution: residence before admission)
5111	L NAME OF	(IF NOT IN HOSPIT	AL OP INSTITU	TION CIVE STREET	Maryland		807
II HO	SPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
		Veterans Admir			Baltimore		YES NO
-	1 11	3900 Loch Rave			E. STREET AND NUMBER		
0	< 2	Baltimore, Mar	ryland 2	1218	1439 North Bo	and Street	
S. \$1		6. RACE	7- MARRIED	NEVER MARRIED		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ale	Negro	MIDOMED	DIVORCED	12-15-95	76	
		CUPATION (Give kind of work I working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	aborer				Culpepper, Va		U. S. A.
13. F	ATHER'S NA	ME	1	L*10 10 15 10	14. MOTHER'S MAIDEN NAM		
J	ohn Ad	ams			Lillie M. Ada	ms	
15. V	Vas Decease	d Ever in U. S. Armed For	cos?	16. SOCIAL SECURITY NO.	17. INFORMANT VA HOS	pital Reco	rds ADDRESS
	es	17 to		672-80-0044	Baltimore, Ma	_	
	18.	17 0	0 17	CAUSE OF DEAT			APPROXIMATE INTERVAL
	/ /	ASE OR CONDITION DI	DECTI V				BETWEEN ONSET AND DEATH
	DIJE	LEADING TO DEATH	NECTE!	(A) IMMEDIATE CAL	Respirtory far	ilure	A Della Caraca della
		nal mean the made of		DUE TO, OR AS	A CONSEQUENCE OF:		
		, osthenia, etc. It means implication which caused		infect	ion and/or adre	rol	
		ANTECEDENT CAUSES		failur		IIC.L.	
	DISEASES	OR CONDITIONS, if		[8]	A CONSEQUENCE OF:		
		he above cause (A)		000,000			
	UNDERLYIN	IG CONDITION last.		(c)			
1		11					
0		IFICANT CONDITIONS CO					
A.	DISEASE OR	CONDITION GIVEN IN PAR	RT 1 (A).	***************************************	1004		
CERTIFICATION	IVA. DATE C	OF OPERATION 198. CON		HICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
	21A ACCID	ENT WAS UNDERLYING	7 219	DIACE OF INTHEW ()	NO WHERE DID	(15 to 0 -14)	and City and a second land and
A A	OR CONTRIE	BUTING CAUSE OF	home etc.)	e, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(It in baitim	are City, give exoct location)
	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
1151	(APPROX.)		Whil	e At Not Whit	е		
			Worl			CA T-	70
11 1		y that On (this hospita					mary 4, 19 72,
	that 🔃 (we) lost sow the decease	ed alive on	January 4,	19.72ond the	nt in (m∰) (our) op	oinion deoth occurred on the dote
	and hour a	nd from the causes sto	ted obave. O	(We) (did) GOOTX	view the body ofter death.		
	23A. SIGNAT	URE	21				23B, DATE SIGNED
	Kh	. In Ock	1	VIII Dhy	ending Med. Director	Staff Phys.	2/1/72
	23C. PHYSICI	ANS	1	UEGKEE!		och Raven I	Roule vard
	PHYSICI NAME	DONALD KL	UG, M.D.		2,00 2	ore, Maryla	
244	BUDIAL CO		-	OEGREE			
24A	REMOVAL	(Specify)	THE TOTAL	ME of CEMETERY OF CR	240. 10	CATION	City, town, or county) (Stote)
4	Burla	1/18/	2 lle	anyloro Pratis	onal Part I	url.	ma
2SA.	DATE REC'	D BY HEALTH DEPT	25B. NAME O	F REGISTRAR	FUNERAL DIRECTOR	110	ADDRESS
	JAN]	19/2 1666	E. Vacille	ALD!	10 HILLING	Chans 17	10/11 Bond Hala 13
V\$ 1	50-REV. 1/1	/6B					

ALESSED TO A COLUMN area of barre the last

BALTIMORE CITY HEALTH DEP. MEDICAL EXAMINER'S CERTIF	AND
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) BETTY JANE WITHERSPOON 2. DATE OF DEATH	Known X Manth Day Year Hour Estimated January 8, 1972
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (DOA)	OUNCED DEAD Month Doy Yeor January 8, 1972 RESIDENCE (Where deceased lived. If Institution: residence before admission) B. COUNTY Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY C	Baltimore D. INSIDE CITY LIMITS?
	AND NUMBER 2458 Callow Avenue
Richmond Va. WHAT COUNTRY? Wallac	r's NAME ce J. Smith
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTH done during most of working life, even If rettred) Ruth	Hubbard Smith
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service)	RMANT ADDRESS Smith 717 Cheatwood Ave. Richmond Va.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. it means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE GUETO, OR AS A CONSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA Inshot wound of head QUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	EQUENCE OF:
CC) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFOR.	
	Yes
UTING LI CAUSE OF DEATH. Home	22C. WHERE DID (If in Boltimore City, give exect location) INJURY OCCUR? 2458 Callow Avenue
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1-8-72 1:45 P. m. WHILE AT WORK AT WORK	22F. HOWDID INJURY OCCUR? Shot self

Inspection Autopsy

24C. NAME of CEMETERY or CREMATORY

Mt. Olivet

Suicide X

Hamicide -

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

24D. LOCATION

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

Accident

Charles S. Springate, M.D.

258. NAME OF REGISTRAR

and that an this basis, death in my apinion

Undetermined manner

Richmond, virginia

DATE SIGNED

(Stote)

January 9, 1972

(City, town, or county)

208 ADDRESS Richmond, Va.

I certify that I held on Inquiry

248. DATE

resulted from: Natural causes

ACTUAL

VS 151-REV. 1/1/68

SIGNATURE_ EXAMINER'S

NAME (Type)

24A. BURIAL CREMATION,
REMOVAL (Specify)
Burial

25A. DATE REC'D BY HEALTH DEPT.

The state of the state of n e

ACTUAL

REMOVAL (Specify)

VS 151-REV. 7/1/68

Rem.Burial

SIGNATURE

EXAMINER'S

NAME (Type)
24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

24B. DATE

1-12-72

W-300 MEDICAL	BALTIMORE CITY HEA	ERTIFICATE OF DE	ATH REG. NO.
NAME OF DECEASED Type or Print) CLARENCE	MYATT	2. DATE Known 🔼 Mo OF DEATH Estimoted 🗆 Ja	nuary 8. 1972
PLACE IN BALTIMORE, MARYLAND, WHERE PI FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION University Hospit	TITUTION, GIVE STREET	3. DATE Mo PRONOUNCED DEAD Ja	nih Doy Yeor Hour nuary 8, 1972 4:10 P. M seed lived. # institution: residence before odmission) B. COUNTY Charles
	IED NEVER MARRIED	c. City OR TOWN Waldorf	D. INSIDE CITY LIMITS?
ODATE OF BIRTH 6-17-20 1. BIRTHPLACE(Stote or foreign country)	If Under 1 Yr. 11 Under 24 Hrs. Months, Doys, Hours, Min. 12. CITIZEN OF WHAJ COUNTRY?	E. STREET AND NUMBER ROU Gillespie Tr 13. FATHER'S NAME	
	struction		Read
6. WAS DECEASED EVER IN U.S. ARMED FORCES (es, no or unknown) (If yes, give wor or dotes of service VES	17. SOCIAL SECURITY NO.	J.F.Floyd Mortu	ary, Spartanburg.S.C.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart loilure, osthenio, etc., it meens the disease, injury or complication which coused de oth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	(B) DUE TO, OR A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM	(c)		

DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 2f. AUTOPSY? (Yes or No) Yes 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Baltimore City, give exact location) home, form, foctory, street, office bidg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB-US #301, Mattawoman, Md. (Charles Co.) Highway UTING CAUSE OF DEATH. OF INJURY 1 0 70 22F. HOW DID INJURY OCCUR? (Year) (Hour) 22E.INJURY OCCURRED NOT WHILE 1:21 Pm. WHILE AT Pedestrian struck by auto (APPROX.) I certify that I held an Inquiry ... Inspection and that on this basis, death in my opinion Autopsy X Accident X Homicide ___ resulted from: Natural causes Undetermined manner

24C. NAME of CEMETERY or CREMATORY

Greenlawn Mem. Gardens

Charles S. Springate, M.D.

25B. NAME OF REGISTRAR

CHIEF MEDICAL EXAMINER

24D. LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

DATE SIGNED

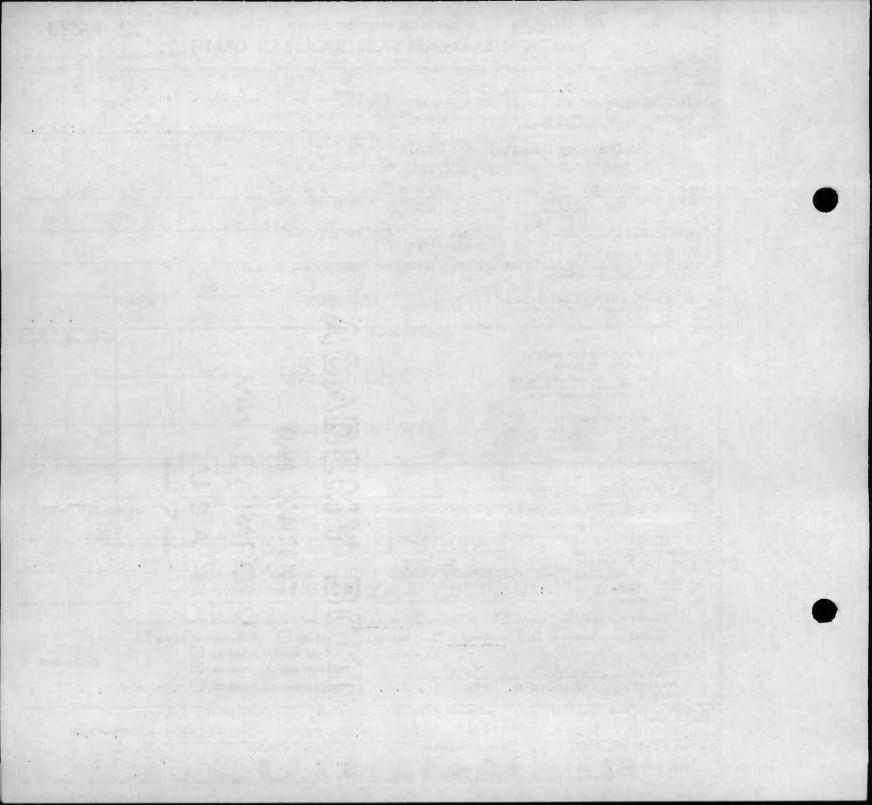
(Stote)

January 9, 1972

APDRESS, York Rd. 1905 York Rd. 21212

(City, town, or county)

Spartanburg, S. C.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	A-130 72 0023	BALTIMORE CITY	HEALTH DEPARTMENT		20 0000
BI	TH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 111234
1.	NAME OF DECEASED			(
	TAMES A BBI			JUARY 8	1972 915
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. II in	stitution: residence before admission)
FI	JLL NAME OF OSMITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	7 7 7 7	0 5300
	MARYLAND GENE	RAL HOSP.	BALTIMORE	26234	DE CITY LIMITS?
L	T8	7	E. STREET AND NUMBER	& CIRCLE	APT. AI
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye. II Under 24 Hes
1	MAIN ALLENDER	WED DIVORCED	6-21-10	lost birthdoy)	Months Doys Hours Min.
10.	LUSUAL OCCUPATION (Give kind of work 108, KIN during most of werking life, even it refired)		11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY?
		BANKING	MARYLAN	D	1100
	FATHER'S NAME	DAIL KING	14. MOTHER'S MAIDEN NA		U.S.A
	WILLIAM B.	ABBOTT	ISABELL	117	. —
15.	Wes Deceased Ever in U. S. Armed Forces?	II 6 SOCIAL	17. INFORMANT	- 2,00	
(Ye	s, na er unknown) (If yes, give wor er dotes ef serv	SECURITY NO.			ADDRESS
1	0	217-14-1233	MRS- BERT	THA M. AL	BBOTT (SAME
	18.41011	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		Car and m	Lin Cilon	
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc	0.0	SE CARDIOGEN	IC 2 HOCK	1-2 HRS.
	injury at complication which caused death.)		- 44 - 402	TORR	7
	ANTECEDENT CAUSES	(B)		L INPAKE	MON 24 HRS.
	DISEASES OR CONDITIONS, if any, ginise to the above couse (A) stoting UNDERLYING CONDITION tast.	ving DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	11	(C/			***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Prodres	SIVE DEDENER	RATIVE BRA	ini
	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes er No	1 208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21A ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (nofify medical examines)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, olficial)	or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)
	21D-TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	(APPROX)	While Al			
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	ed the deceased from J			JUARY 8 1972
	and haur and fram the causes stated abov		semantica , accedentations reverse A11A 111/	of in(my) (aur) apini	an death accurred on the dote
R	23A. SIGNATURE	es(I)(me) (did) (did nat) vi	ew the bady after death.		
	Redard J. Solen	MD, Atten	ding Med.	Staff Phys.	JAN. 8 1972
	23C. PHYSICIANS NAME (Type) RICHARD H. BAL				L HOSPITAL
24A		DEGREE C. NAME of CEMETERY OF CREA			, town, or county) (Slote)
	Burial 1-12-72 S	tevensville Ce		vensville,	
25A	DATE REC'D BY HEALTH DEPT. 1258-NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	Sons Co.	4905 YORK Rd.
VS	150-REV- 1/1/68		Baltin	nore. Md.	21212

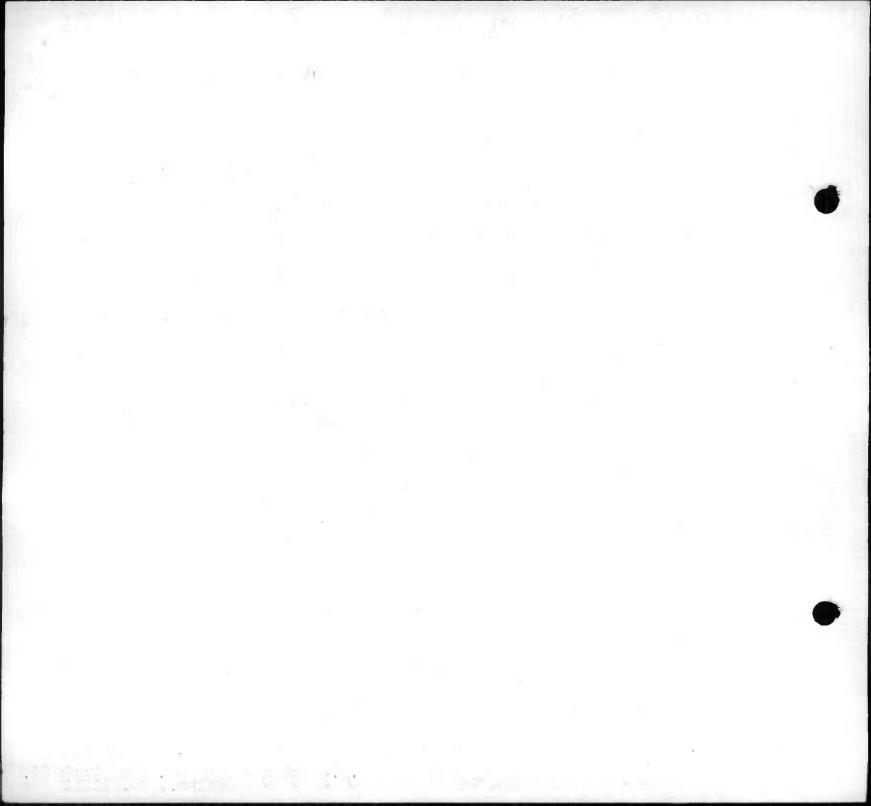
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the administration of the second of the second of

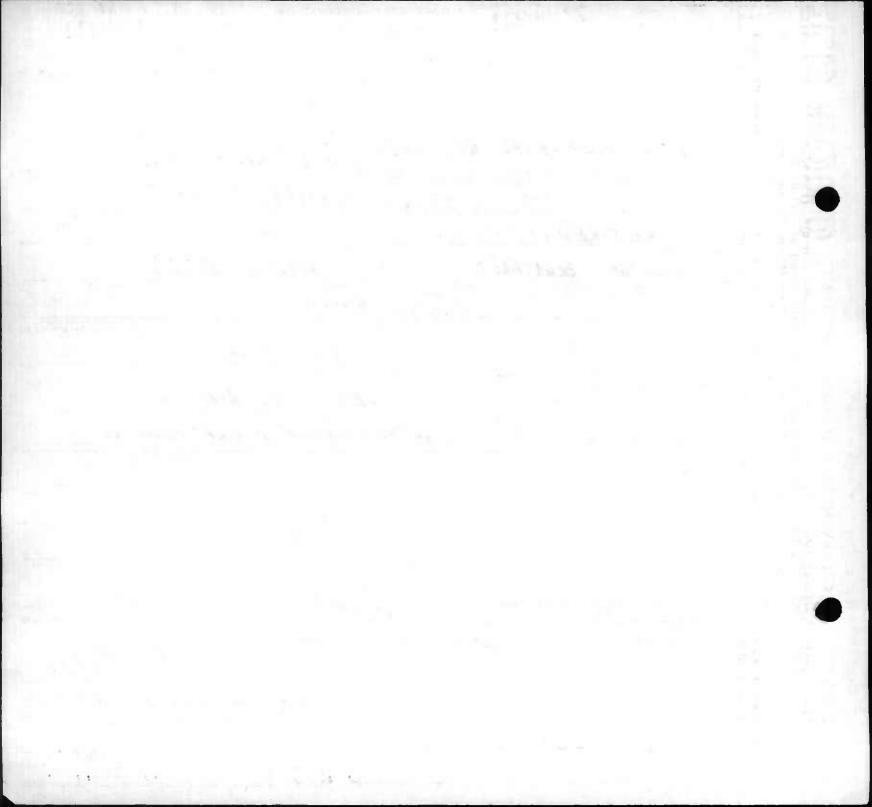
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

H-363 72 002	BALTIMORE CITY	Y HEALTH DEPARTMENT	72 (1023)
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.	TO SEE THE SECOND SECON
I. NAME OF DECEASED			
(Type or Print) Hetherton,	taith	ESTEIN IANGER OF DEATH	10-731 31-1-0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	ESTELLE JANUARU 8 4. USUAL RESIDENCE (Where deceased wed. If in A, STATE R, COUNTY	1972 2:00 Pm.
FULL NAME OF OF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI	NSTITUTION, GIVE STREET	MARYLAND.	1202
North Charles Gen	Harrital	Baltimore	YES NO
Les An Oliver 16 7 GEV	Le ozho car	E. STREET AND NUMBER	15 10
<u> </u>		302 E. University +	KWY
	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Doys Hours Min.
T WIDO	WED DIVORCED	Jan. 318781 44	
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
110000	OWN HOME	Delaware	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George W. Branna	^	Mary Betty -	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or dates of sen	ice) 16. SOCIAL	17. INFORMANT	ADDRESS
NO	220-44-1480	GEORGE H. BRANNAI	V (SAME)
18. 5 60 9 1	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BILATERAL LOB	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CALL	JSE	200112
heart loiture, asthenia, etc. It means the dis- injury or complication which caused death.)	bose, DUE TO, OR AS	A CONSEQUENCE OF: PNEAMOR	714.
ANTECEDENT CAUSES	SMA	LL INTESTIPAL OBSTR	Percent 1
DISEASES OR CONDITIONS, if any, gi	iving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)		
11	(С/		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG		
TO THE DEATH BUT NOT RELATED TO THE TERM! DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 1798. CONDITION 1 12 - 17 - 7 WAS PERFORMED 12-23-7 WAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
12-23-71 Intertin		160	
OR CONTRIBUTING TICALISE OF	21 B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	fice bldg. INJURY OCCUR?	City, give exact location)
0			
OF INJURY (Month) (Doy) (Yeorl (Hour)	While At Not While	21F. HOW DID INJURY OCCUR?	
(APPROX.)	Work L At Work		
22. I certify that (this hospital) attend		-17- 197/ to 1-	8 19.72
that ((we) last saw the deceased alive		19ond that in (pot (aur) apin	ion death accurred on the date
and hour and from the causes stated above	e H (We) (did) (did with v	lew the body after death.	
23A. SIGNAYURE	11 D au		238 DATE SIGNED
racen paison	2 DEGREE Phys		1-8-72
23C.PHYSICIAN'S NAME (Type)	2	Morth Charles Gen. H	(20)
Narciso A. de Bo	r/2 DEGREE	Baltimore Md-	03 P
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	C.NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City	, town, or countyl (Stotel
Rem.Burial 1/11/72	River View	Wilmington,	Delaware
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 1 D 19/2	Bar At A	H.W. Jenking & Sons Co	Md 21212
VS 150-REV. 1/1/68			



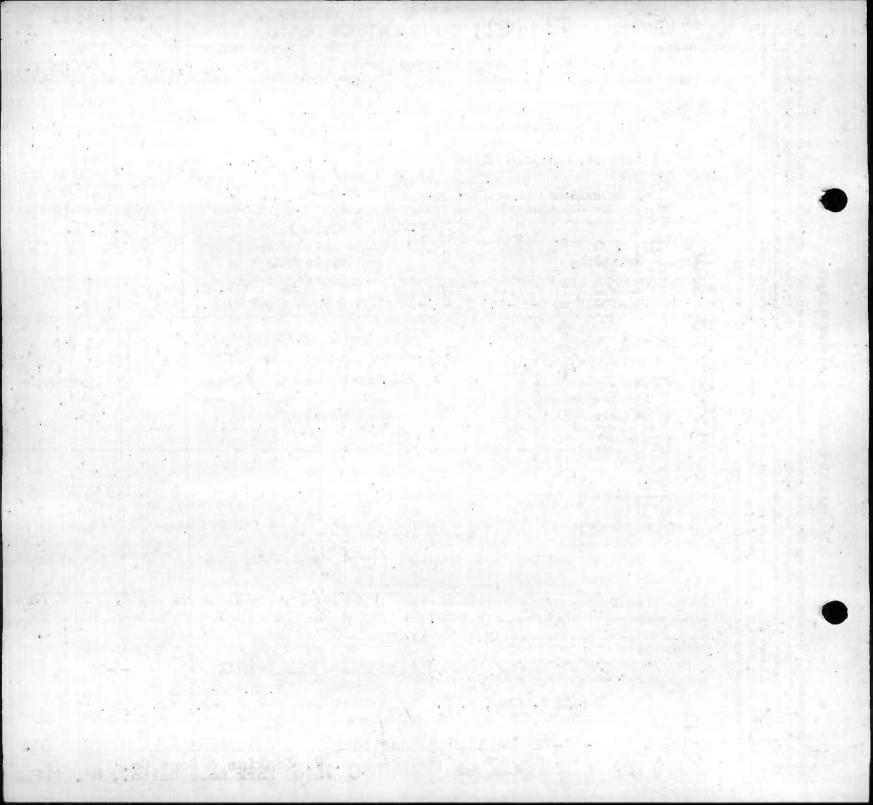
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

A 1157	BALTIMORE CIT		N.E. DAY/MCR				
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.					
1. NAME OF DECEASED DAF	BU DNICHAOT	2. DATE AND HOUR OF DEA	тн // -				
3. FLACE IN BALTIMORE, MARYLAND, W	THERE FRONOUNCED DEAD	4. USUAL RESIDENCE (Whele deceased lived, I	(institution: residence before admission)				
HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	NSIDE CITY LIMITS?				
INSTITUTION	0. 10:	BUTIMORE	YES NO				
TUNION MEMO	RIAL HOSPITAL	E. STREET AND NUMBER	STREET				
S. SEX 6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	3/29/89 P. AGE (In years lost birthdoy) 8	Months Doys Hours Min.				
done during most of working life, even if refired)	EDUCATION	11. BIRTHPLACE IState or foreign country!	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	1 10 1 0 1	14. MOTHER'S MAIDEN NAME					
WILLIAM BCH	PUCHALD	MYRTLE JON	125				
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give war or dete	s of service) 16. SOCIAL SECURITY NO. 120-30-3765	RECORDS	ADDRESS				
18. 4 12 41	CAUSE OF DEA	TH .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DI	RECTLY	USE PREVIONIA.					
(This does not mean the mode of	dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:					
heart failure, asthenia, etc. It meons injury or complication which caused	the disease,						
ANTECEDENT CAUSES	del.	LONGESTIVE ALAKT	FAILURE				
DISEASES OR CONDITIONS, If	any, giving (B) DUE TO, OR A	S A CONSEQUENCE OF:					
underlying condition lost	stating the (c) ALTZ	RIOSCLEDOTIC CARDI	OVASCOLAR				
11		ঠা	SCASO				
OTHER SIGNIFICANT CONDITIONS CO							
DISEASE OR CONDITION GIVEN IN PAR	T 1 (A).	20A-AUTOPSYT (Yes or No.) 20B, IF YES, WE	RE SINDINGS CONSIDERED				
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A.DATE OF OFERATION 19B. CON WAS PER U 21A. ACCIDENT WAS UNDERLYING	FORMED	NO IN CERTIFYING	CAUSES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Incitive medical examined	21 B. PLACE OF INJURY (e.g., home, tarm, loctory, street, etc.)	in or obout 21C. WHERE DID (If in Bolti office bidg. INJURY OCCUR?	more City, give exact location)				
21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour 21 & INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX)	While At Work At Work	· -					
22. I certify that (1) (this hospital) attended the deceased from	/2/7/// 19to	1/7/72 19				
that (1) (we) last sow the decease	1/7/0	2 19 and that in (my) (aur)	apinian death accurred on the date				
and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.							
23A. SIGNATURE PACE	Butil MD AH	ending Med. Staff c	238. DATE SIGNED / 7 Z				
23C. PHYSICIAN'S NAME (Type) R. JE	2 BUSTO MD	23D. ADDRESS	RIAZ HOSPITAZ				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CH	EMATORY 24D. LOCATION	(City, town, or county) (State)				
Cremation 1-8-7	72 Greenmount	Baltimore	Md.				
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
JAN 10 7972 Joses	E. Galley M. D	O M. W. Tenkins & Sons	Co.,Balto.,Md.				
VS 150-REV. 1/1/68							



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

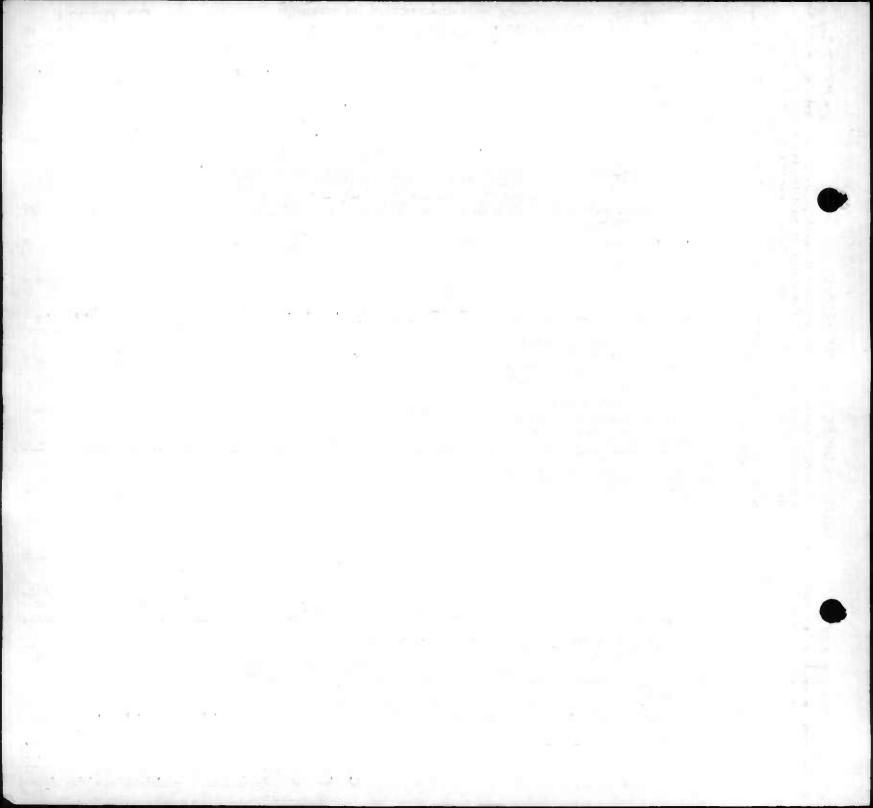
1	1-7	-			HEALTH DEPARTMENT		72 00233
17	652	72	0023	CERTIFICA	TE OF DEATH	REG. NO.	770000
BIRTH N	O. OF DECEASED					ND HOUR OF DEATH	
(Type or	Printl	MSTRONG.	RANDOI	PH WILLIAM		January 6,	1972 6:10 P.M.
3. PLAC	E IN BALTIMORE, N				4. USUAL RESIDENCE (WHA, STATE B. COU	ere deceased lived. If in	stitution: residence before admission)
FULL NA	AME OF UE NO	OT IN HOSPITA	ITITZINI 90 IA	TION CIVE STREET	Maryland		1203
HOSPITA INSTITUT				TION, GIVE STREET	C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
	veteran			n Hospital	Baltimore		YES NO
7 3	3	ch Raver			E. STREET AND NUMBER		
	Baltimo	re, Mary	yland 21	218	2513 N. Ca	lvert Stre	et 21218
5. SEX	6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Mal		casian	WID OWED [7-20-13	20	
	AL OCCUPATION (G		10B, KIND OF		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
_	exton		Marks	Church Lutheran	Maryland		U. S. A.
13. FATH	ER'S NAME		1102 110	Da onor an	14. MOTHER'S MAIDEN NA	AME	
Eu	gene Armst	rong			Carrie Haas		
15. Wos	Deceased Ever in U.	S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT RACO	rdsv. A. Ho	enite ADDRESS
0.0	runknown) (If yes, gi	-42 to		213-07-6875	3900 Loch Ray		
18.	1 (1)	42 00	1 41 41	CAUSE OF DEAT		on biva., ba.	APPROXIMATE INTERVAL
1	DISEASE OR CO	NDITION DI	ECTI V		piratory failur		BETWEEN ONSET AND DEATH
		TO DEATH	ECILI			e	1 Day
	s does not meon			(A) IMMEDIATE CAU	A CONSEQUENCE OF:		
	rt loilure, asthenio, ry or complication v			Bila	teral adeno Ca	of lungs	2 Months
	ANTECEDI	ENT CAUSES		(2)			
DISE	EASES OR COND	ITIONS, il	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	to the obove		stoting the				
0.11				(C)			
Z OTHI	ER SIGNIFICANT COI	II NDITIONS COI	NTRIBUTING				
ĭ OT	HE DEATH BUT NOT	RELATED TO TH	HE TERMINAL				
	DATE OF OPERATIO		DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or I	10) 20B. IF YES, WERE	FINDINGS CONSIDERED
DI 19A.					No	IN CERTIFIED CA	
OR C	ACCIDENT WAS U	NDERLYING AUSE OF	21 B.	PLACE OF INJURY (e.g., i e, farm, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimor	re City, give exoct locotion)
A DEA	TH (notify medical e	kominer)	etc.)				
	TIME (Month)	(Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
E (APP	ROX.)		Whi	le At Not While	e 🔲		
22	I certify that ()()	this hospital			December 13,	19 71 to Jani	uary 6, 19 72
				January 6,			nion deoth occurred on the date
							mion death accounted on the date
	SIGNATURE	couses stor	ed opove Mi	(we) (ala) (ala mar) v	iew the body ofter deoth	•	23B, DATE SIGNED
	6/ 1	10	1/1	Atte	nding Med.	Staff Phys.	1-6-72
226	PHYSICIAN'S		1/64	TOPOEGREE Phy			1-0-12
1.50.	NAME (Type)	Danald I	P VI)	V •	A. Hospital	
244 211		Donald I		DEGREE	3900 Loch Ra		alto., Nd. 21218
	RIAL CREMATION,	Z4B. DATE	24C, NA	ME of CEMETERY or CRI	EMAIORT 24D.	LOCATION (C	ity, town, or county) (Stote)
Bur		1-10-7	2 Ba	ltimore Nat	ional B	altimore	Md.
25A. DA	TE REC'D BY HEALT	H DEPT.	25B. NAME O	FREGISTRAR	25C FUNERAL DIRECTO	kins_& Son	ADDRESS
JAI	10 1972	ع المرادة ال	o Victoria	MAD.	1 4905 Z	ork Road B	alto, Md. 21212
VS 150-R	EV. 1/1/6B						



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any natures; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

220	BALTIMORE CIT	Y HEALTH DEPARTMENT		200 00004
BIRTH NO.	2 00234 CERTIFICA	ATE OF DEATH	REG. NO	
I NAME OF DECEASED		2. DATE	AND HOUR OF DEAT	H (736
	Maxall Sheets	Jai	1. 6, 1972	P.M
5. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 706 Gladstone Ave.		A. STATE B. CO	Where deceased lived. If DUNTY	institution: residence before admission)
		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
		Balto.		YES 🔀 NO 🗌
		E. STREET AND NUMBER 706 Gladstone Ave.		
S. SEX 6. RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	7-18-1893	9. AGE (in years last birthday)	Months Days Hours Min.
	Work 108, KIND OF BUSINESS OR INDUSTR			12 CITIZEN OF WHAT COUNTRY
done during most of working life, even if rel $R \cdot \mathbb{N}$,	Nursing	New Jersey	T	USA
3. FATHER'S NAME	11412 22118	14 MOTHER'S MAIDEN		USA
John Triplet	t Hevell	Pone Cara	30	
5. Was Deceased Ever in U. S. Arme Yes, no or unknown! (If yes, give war o		Rose Gordo	on	ADDRESS
Yes, no or unknown! (If yes, give wat a	doles of serviced SECURITY NO. A	Mrs. L.B.	Fanneman	Balto . Md.
(This does not mean the mod heart failure, astheria, etc. it m injury or complication which conditions, as to the above cause UNDERLYING CONDITION less In the significant conditions to the DEATH BUT NOT RELATED	if any, giving (A) storing the S CONTRIBUTING	S A CONSEQUENCE OF:	2	
	CONDITION FOR WHICH OPERATION \$ PERFORMED	NO	Na 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH Instify medical examined	F 218 PLACE OF INJURY (e.g. home, form, factory, street, etc.)	in or about 21 C. WHERE DI	(if in Baltin	are City, give exact location)
21D-TIME (Month) (Day) (OF INJURY IAPPROX.)	(Year) (Haud 215, INJURY OCCURRED While At Not Will Work At Work	nile 🗆	INJURY OCCUR?	La / >7
22. I certify that (1) (this has	spital) attended the deceased from	HIT		(lun) (19/h
that (1) (pre) last saw the dec	ceased olive on the		that in (my) (acr)	platon death/occurred on the dot
	stored obove. (1) (Ne) (dld) (did not)	view the body after dea	the /	
28A. SIGNATURE	TELL DECREE	Hending Med. Director	Stoff Phys.	23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
William G	. Helfrich MD DEGRE	5006 Rola	nd Ave B	alto.Md.
24A. BURIAL CREMATION, 124B, DA	TE 24C, NAME of CEMETERY of C			City, town, or county! (State)
Burial 1-	10 ⁷² Oak Hill		Frederic	cburg Va.
25A. DATE REC'D BY HEALTH DEPT.		25C. FUNERAL DIREC		ADDRESS 21212
JAN 10 9000 P.C.		A How Jenki	ns & Sons	CO.,Balto.,Md.



IRTH NO.					<u> </u>		REG. NO	D		
NAME OF DEC	EASED			2. DATE	Known 🕒	Month	Doy	72 Year	Hour	
ype ar Print)	Glen D. Dav:	is		OF DEATH	Estimated	1 -	7-	什大时		M.
PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PROP	NOUNCED DEAD	3. DATE		Month	Doy	72 Year	Hour '	
JLL NAME OF	TOORES OR LACE	AL OP LINSTITU	TION, GIVE STREET	PRONO	UNCED DEAD	1 -	7-	代世	3:00	a . M.
RINSTUDIAL	Sinai Hos		AMENUE	USUAL P	RESIDENCE (Where	deceased li	ved. If instituti	on: residence		
4->	Sinar nos	pitai	1-14-72	A. STATE			B. COUNTY		21	2
SEX	7. RACE	8	Darsysp Mannisp [2]	Md.	TOWN		D. INSIDE	CITY LIMITS?	200	
nale	Negro	8. MARRIED		Balto						
		WIDOWED			AND NUMBER			YES L	NO L	
DATE OF BIRTH	last birthdo		Under 1 Yr. If Under 24 Hrs. onihs Doys Hours Min.							
7/14/53		8			5504 W. We	stey A	venue			
. BIRTHPLACE (S	itate or foreign country)	12.	CITIZEN OF	13. FATHER	'S NAME					
Mary	land		WHAT COUNTRY?	Ben;	amin Day	71s				
A.USUAL OCCU	PATION (Give kind of work	148. KIND O	F BUSINESS OR INDUSTR	15. MOTH	R'S MAIDEN NA	ME				
ne auring most or w	vorking life, even if retired)			Adri	lenne Smi	itn				
	ED EVER IN U.S. ARMEI		17. SOCIAL	18. INFOR				ADDRESS		
es, no or unknown) NO	(If yes, give wor or dotes	of service)	\$17-62-208	Ranic	min Dossi	550) A 1810 0	7 ar A	***	
19.	17 (2)		CAUSE OF DEA		Inilii Dav.	13 000) # WOS		VO .	ERVAL
130	4 71							BETV	WEEN ONSET AN	O DEATH
	E OR CONDITION DIRE	CTLY	N	arcotic	e addictio	n				
	LEADING TO DEATH		(A)IMMEDIATE							****
heort foilure,	ot meon the mode of dy , osthenio, etc. It meons the	e diseose,	DUE TO, OR	AS A CONSEC	QUENCE OF:					
injury or com	nplication which coused de	oth.)								
AA	NTECEDENT CAUSES		/n\							
	OR CONDITIONS, IF AN	Y, GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
RISE TO THE	E ABOVE CAUSE (A) STA NG CONDITION LAST.	TING THE								
3	TO COTTONIOTE LAVI.		(C)							
erusp sien	11	ON ITRIBUTED								
10 THE DEA	IIFICANT CONDITIONS C ATH BUT NOT RELATED TO	THE TERMINA								
	CONDITION GIVEN IN F		***************************************			******			//	AL 1
ZUA. DATE OF	OPERATION 208. CO	NDITION FO	R WHICH OPERATION W	AS PERFOR	MED			21. AUTO	OPSY? (Yes or	No)
									yes	-
	NAL CAUSE WAS	221	B. PLACE OF INJURY (e.g., me, form, foctory, street, office	in or obout	22C. WHERE DID	(if in Boltimo	re City, give e	exact location)		
	OR CONTRIB-		me, torm, toctory, street, onto	e bidg., etc.,	NOOKI OCCOK					
22D. TIME (r) (Hour)	22E. INJURY OCCURRED		22F. HOW DID IN	JURY OCC	UR?			
OF INJURY (APPROX.)				WHILE						
23.		m.	WORK L AT V	VORK []						
I cert	ify that I held an	Inquiry 🗌	Inspection Au	topsyXX	ond that on t	hIs basis.	deoth in m	v opinion		
result	ted from: Natural cau	nzea XX	Accident Suicie	ne 🗀 🛚 u			ned manner			
ACTUAL	TT 1		7777		CHIEF MEDICAL I		=		DATE SIGN	ED
SIGNATU		LUV	MIC M.E	ASS	ISTANT MEDICAL	EXAMINER	CKX			
EXAMIN	ER'S Peter Li	pkovic	. M.D.	ASS	OCIATE MEDICAL	EXAMINER		1,	/7/72	
NAME (T	ype)									
4A. BURIAL CREA			24C. NAME of CEMETERY					wn, or county		e)
Burial	1/10	1772	Arbutus Me	emoria	I PK. A	rbutu	1s, Ma	ryland	d	
	BY HEALTH DEPT.	25B. NAA	AE OF REGISTRAR	125C.	FUNERAL DIRECT	OR		ADDRESS		
AN 1 0 19	72 Robert E.	Ja Ro	ACD		arles A.		661		arre S	t.
70 10	1 100	0	7 2 0 0	20	031					
151 PEV 1/1/AP				-						

1-14-72 - Letter from - Office of the Chief Medical Examiner, Peter Lipkovic, M.D. Assistant Medical Examiner

HRS

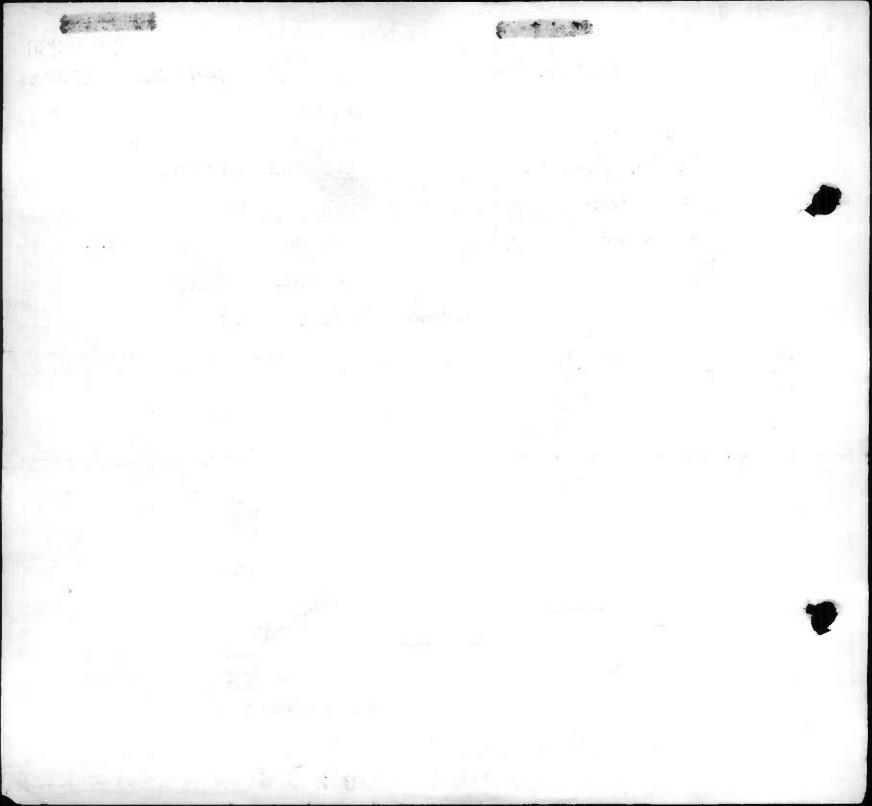
3 .o. m and with the man to the

BALTIMORE	CITY	HEALTH	DEPARTMENT
DA JOHN COURT	A	110240111	PRIMEIN

10-65	3			TE OF DEAT		
BIRTH NO.	ECEASED	2 1102	36 CERTIFICA			25 01538
(Type or Print)	BARNETT	. Flove	i	2. DA	TE AND HOUR OF DEAT	The state of the s
3. PLACE IN B	ALTIMORE MARYLAND, V			4. USUAL RESIDENCE A. STATE B.		I institution: residence before admission
FULL NAME O	OF UF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTI	TUTION, GIVE STREET	Maryland C. CITY OR TOWN		HOI NSIDE CITY LIMITS?
Key Ci	rcle Hospice			Baltimore	D. 11	YES X NO
1214 Eu	taw Place			E. STREET AND NUM	BER	
	ore, Maryland	21217		5l4 E. Pra	tt Street 21202	2
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months: Days Hours Min.
Male	White	WIDOWED		1-14-1900	71	
done during most	of working life, even if retired)	KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	ar fareign country!	12. CITIZEN OF WHAT COUNTRY
Coal 1	Milver	Min	una	Virginia		U.S.
13. FATHER'S N	AME)	14. MOTHER'S MAIDE	N NAME	
Sam				deceased	1	
15. Was Deceas	ed Ever in U. S. Armed For wn) (If yes, give war ar date	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			228-10-1120	Mrs Maria	Ramoth	
18. // -	770		CAUSE OF DEATH	1	Darnell	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES rise lo UNDERLYI O THER SIGN TO THE D E DISEASE OR	not meen the mode of e, astheria, etc. It means omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION last. II WIFICANT CONDITIONS CONTITIONS CONTINUES CONTITIONS CONTITIONS CONTITIONS CONTITIONS CONTINUES CONTITIONS CONTINUES CONTI	any, giving slaling the NTRIBUTING HE TERMINAL ID ITON FOR	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes	or No) 208, IF YES, WES	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING BUTING CAUSE OF	211 hor elc	B. PLACE OF INJURY (e.g., in the, form, factory, street, of the street, of	ar obout 21 C. WHERE I	DID (If In Baltin	nore City, give exact location)
21D. TIME OF INJURY (APPROX)	(Month) (Dayl (Year)		LINJURY OCCURRED THE At Not While At Work		D INJURY OCCUR?	*
that (1) (w	fy that (1) (t his hospital e) last saw the decease	ed alive an_	114		•	pinian death occurred an the date
23A, SIGNA		ted abave. (1) (We) (did) (did not) v	lew the bady after de	eath.	23B, DATE SIGNED
	Hulla		/// 1/ Dhum	nding Med.	Staff X	1-4-1972
23C. PHYSIC NAME	(Type) / Holla	-	DEGREE	3D. ADDRESS	ette Street	
24A. BURIAL C REMOVAL	REMATION, 24B. DATE		AME OF CEMETERY OF CRE		4D. LOCATION	(City, town or county) (State)
25A. DATE REC	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRE	Men Durne	ADDRESS
JAN 6	1972 Rebert 8	Jan Be	TAD O	0 0 23	1 Short 1	2 2121 Frederick

VS 150-REV. 1/1/68

ant



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) both; (3) x included and x in regular attendance on the was in regular attendance on the	deceased prior to death); and (b) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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1 201	7		BALTIMORE CIT	Y HEALTH DEPARTMENT	1	72 00237
1-300	,	2 0023	CERTIFICA	ATE OF DEATH	REG. NO	
BIRTH NO.			CERTIFICA		NO HOUR OF DEATH	
(Type or Print)		WETT, JO	OHN WILLITS	JANU	JARY 6, 19	72 6:35A. M.
3. PLACE IN BALTI	MORE MAK	TLAND, WHERE PI	CONOUNCED DEAD	4. USUAL RESIDENCE (Whe		institution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT I	N HOSPITAL OR (NSTITUTION, GIVE STREET	MARY LAND	BALTIMO	DRE 21228
INSTITUTION				CATONSVILLE		YES NO X
4-1	ST	. AGNES	HOSPITAL	E. STREET AND NUMBER		
1				404 ALLVIEW	COURT	5 300
5. SEX	6. RACE	7- MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
MALE	CAUCA	CIANI	WED DIVORCED	05 13 17	last birthday	Monins Days Hours
			OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of w		MO	TOR CO.	MICHIGAN		U.S.A.
SALES R			1011 00.	14 MOTHER'S MAIDEN NA	MF	
				XISRA (HOOPE		
HENRY J					,	1-00000
15. Was Deceased (Yes, no or unknown)		war or dates of ser	vice) 16 social security no. 383013732	ST. AGNES HOS	NS AVES	BALTO, MD. 21229 CORDS-CATON &
YES 1	WW2		CAUSE OF DEA		7	APPROXIMATE INTERVAL
7	OF COND	TION DIRECTLY		1 + 11	151-1	BETWEEN ONSET AND DEATH
	EADING TO		(A) IMMEDIATE CA	toute Myor	ardeo In	elfan
(This does no	t mean the	mode of dying.	P.G. DUE TO OR A	S A CONSEQUENCE OF:	-	
injury of comp	lication which	, it means the dis ch caused death.)	sease,		/	
A	NTECEDENT	CAUSES	Y	ul homewore	Elenn	_
DISEASES OF	R CONDITIO	ONS, If any,	DUE TO, OR	S A CONSEQUENCE OF:	/	
rise to the	above ca	use (A) stating	the /	NA Monach	- truspan	olis
UNDERLYING	CONDITION	N last	(c)	VIII CONTRACT	- zuage	- MP Ico
Z	- 11					
2 TO THE DEATH	BUT NOTRE	TIÓNS CONTRIBU'S LATED TO THE TERM	ING INAL			
O ISEASE OR CO	OPERATION	PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF		WAS PERFORMED		YES	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUT	T WAS UND	ERLYING SE OF	21B PLACE OF INJURY (a.g. home, farm, factory, street, etc.)	office bidge INJURY OCCURY	(il in Boltim	ore City, give exact location)
21D. TIME	(Month) (De		21E INJURY OCCURRED	21F. HOW DID IN	IURY OCCUPY	
S OF INJURY	(14)OHHI) (De	y (real (rious	While At The Not William		JORT GCCOM	
(APPROXI			Work At Wo	k 📙		
			ided the deceased from			NUARY 6 19 72
that (1) (we)	last saw the	e deceased allve	on JANUARY 6	1972and ti	hot in (ay) (aur) of	pinian death occurred on the date
and hour and	from the co	uses stated abo	ove. (1) (We) (did) (di)(Xo)	view the bady after death.		
23A. SIGNATUI			/			238 DATE SIGNED
		3	/ / N X	Hending Med. Director	Stoff Phys.	1-6-12
23C. PHYSICIAL	N'S	- curac	DEGREE	23D. ADDRESS		1/ 0 / 5
NAME (Ty	(pe)	CTOD DE	MAVIDEC		KENS AVES	BALTO., MD.21229
24A. BURIAL CREA	AATION, 248		NAVIDES DEGREE OF COMMETERY OF	III		City, town, or county) (State)
REMOVAL (S	pecify)	110/70	3 m 1 d m m t m m 12			774
Buria		/10/72 DEPT. 258, N	Arlington Na	25C. FUNERAL DIRECTO	The state of the s	Virginia ADDRESS
JAN11	1972		BeJAR 0 0	O Edw.OS. Ma	cNabb Son	s, Inc.
VS 150-REV. 1/1/6	R					

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Microsoft Control of the Control of

IMPORTANT FUNERAL DIRECTOR:

Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who accorded was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the mains are embalmed or final disposition is made certificate must be approved by the chief medical examiner or his assistant if death occurred in deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are embalmed or final di

VS 150-REV. 1/1/68

-	1.00			BALTIMORE CIT	HEALTH DEPARTMENT		79 00033
4	1-100	72 (10538	CERTIFICA	TE OF DEATH	REG. NO.	1000000
1. N	TH NO. AME OF DECE pe or Print)		WILLI	AM RUSSELL	1A NI	UARY 6, 1	072 1 12.204
3. 1	PLACE IN BALT	MORE MARYLAND, Y			4. USUAL RESIDENCE INT	ere deceased lived. II	institution: residence before odmission
HO	LL NAME OF	HE NOT IN HOSPIT ADDRESS OR LOC	AL OR INS	TITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTIMO	RE 21228 NSIDE CITY LIMITS?
	40	ST. AG	NES H	IOSPITAL	BALTIMORE E. STREET AND NUMBER 21 B MONTR	OSE MANOR	COURT 536
,	MALE	CAUCASIAN	WIDOW		8. DATE OF BIRTH 08 24 19	9. AGE Un years	Il Under 1 % If Under 24 H Months Doys Hours Min.
done	o during most of w FOREMAN	orking life, even if retired)		OF BUSINESS OR INDUSTRI ENTRY	MARY LAND		U.S.A.
W	FATHER'S NAM				14. MOTHER'S MAIDEN N		
	JOSEPH				EFFIE (LAYTO		
5. \ (Yes	Was Deceased	Ever in U. S. Anned Fe	rces? es of Service	SECURITY NO.	17. INFORMANT WILK	ENS AVES.	BALTO MD 2122
	YES	WW2		219-01-170	ST. AGNES H	OSPITAL R	ECORDS-CATON &
TION	DISEASES OF THE UNDERLYING	NTECEDENT CAUSES R CONDITIONS, If above cause (A) CONDITION lest. CANT CONDITIONS CO. I BUT NOT RELATED TO 1	any, givi stating t NTRIBUTIN THE TERMINA	(C)	ACONSEQUENCE OF:	\$ the	lung
		OFERATION 19% CON WAS PER	IDITION FO	R WHICH OFERATION	20A-AUTOPSY? (Yes or I	No. 208, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
-4	21 A. ACCIDEN OR CONTRIBUT DEATH Instity	T WAS UNDERLYING THE CAUSE OF medicol examined		RIB PLACE OF INJURY le.g., nome, farm, factory, street, enter)	in or about 21 C. WHERE DID	(If in Boltin	more City, give exect location)
5	21 D. TIME OF INJURY IAPPROX.)	(Month) (Doy) (Year)		While At Work At Work	215. HOW DID IN	HURY OCCUR?	
	that () (we)	last saw the deceas	ed alive a	d the deceased from D	19 <u>72</u> and 1	- //	NUARY 6 19 7
	23A. SIGNATUI	taten se	njan			Staff Phys.	23B, DATE SIGNED
24A		TATSU HENZ		M.D. DEGREE			BALTO, MD .2122
		AATION, 248, DATE					
25A	Burial A DATE REC'D JAN 1 1	1/8/ BY HEALTH DEPT. 1972		Mountain Vie	25C. FUNERAL DIRECTO	Howard (ADDRESS
1/8	150 051/ 1/1//	MIC Assessed	And Add	266 160 17			Catonsville, Md.

Drefits , as because Idy. .. acher bans, Inc. selverederick as Catonerille Suid. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	X-610	70	00239		HEALTH DEPARTMENT		~n nn239
81	RTH NO.		uuzay	CERTIFICA	TE OF DEATH	REG. NO	TE CHARLES
	NAME OF DECE.	KRUBA,	11101	YEA		AND HOUR OF DEATH	20
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	8-72 Where deceased lived, If in DUNTY	stitution: residence before admission
H	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	3409 PINE	WOOD AVE	BALTO. M.D. ZEO
		CHARCES	GEN)	HOSPITAL			YES 12 NO
	49		, ., .,	., ., .,	Baltimore E. STREET AND NUMBER		2745
5.		RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours: Min.
10/	- /		WIDOWED		1-19-15 11. BIRTHPLACE (Stole or	56	
100	SALESY	rking lite, even it felifed)	Le part	1.	1		12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAM		ILOOP (coverings	PENNSYLUI		U.S.A.
	Goo	was Vanha					
15.	Was Deceased E	orge Kruba	es?	1 6. SOCIAL	17. INFORMANT	BROBA	ADDRESS
11.5	Yes	yes, give wor or dole:	s of service)	SECURITY NO. 217 -26-154		ence Kruba	
	18.5-9	2 0		CAUSE OF DEATH		ence kruba	Same
	DISEASE	OR CONDITION DIR	ECTLY			2 (BETWEEN ONSET AND DEATH
		Mean the mode of	and the second second	(A) IMMEDIATE CAU	SE Suptie	emboli	5 homs
	heort failure, os	thenia, etc. It means icalian which coused	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
		TECEDENT CAUSES	dealn.)	D /	-1 1-1		
		CONDITIONS, if a	nv. nivina	(B) Renau	A CONSEQUENCE OF:	enen, s.B.	E 2 5 mould
	rise to the	above couse (A)	slating the		A GONSEGUENCE OF		
		II		(C)	***************************************		
ATION	TO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH IDITION GIVEN IN PART	E TERMINAL	1000000 tonoco co a bac poss		N	
RTI	19A. DATE OF O	PERATION 19B. CONE WAS PERF	ITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208, IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED
CAL	21A- ACCIDENT OR CONTRIBUTION DEATH (notify m	WAS UNDERLYING NG CAUSE OF edicol examiner	21 B. I home etc.)	PLACE OF INJURY (e.g., in torm, foctory, street, off	or obout 21C. WHERE DID	(If In Boltimore	City, give exact location)
	21 D. TIME (A	Aonth) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
	(APPROX.)		Work				
	22. I certify th	at (1) (this hospitol)	ottended the	e deceased from	115	_19 <u>72</u> to	1/8 1972
	that (1) (we) la	st saw the deceased	allve an		1972 ond	that In (my) (aur) opin	ion death occurred an the dote
	and haur and fi	ram the causes state	d obove. (1)	(We) (dld) (dld not) vi	ew the body ofter deoth	h.	
	23A. SIGNATURE	C 1 *	- 1	1 M- D AH	dina 🗔 Mad 🚍	5.11	238. DATE SIGNED
	23C. PHYSICIAN'S	- 5000	maki	DEGREE Phys.		Staff Phys.	1/8/72
	NAME (Type		1	2	3D. ADDRESS		
24A	BURIAL CREMA REMOVAL (Spe	TION, 248, DATE	Z4C.NA	ME of CEMETERY OF CREA	MATORY 24D.	LOCATION (City	town, or county) (Stote)
25 A	Burial	1/11/7	2 Me	adowridge		Baltimore, I	Maryland
234	JAN 11 4	HEALTH DEPT.	58. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	Q.R	ADDRESS
VS 1	50-REV. 1/1/68	316 51	To IC.		Leonard J	Ruck Inc.	Baltimore, Md

To particular to the first of t LANGE OF THE STATE
IMPORTANT **DIRECTOR:** FUNERAL

Such and of death etermined cause; (5) Deceased uo hospital death. attendance Cause O 0 prior contributing occurred regular mad deceased sposition = 0 (4) Und MOS O the direct assistant LO death ש kind; final attendance any pronounced 0 embalmed fracture of regular examiner examiner. w ho 4 are 3 physician the remains the chief medical Was medical burns No physician Body the 8 obtained before any nature; (2) where was released to the hospital 9 approved (except and death); pe of hospital accident must 0 approval 0 eceased prior ata shows: (1) An D.O.A. the body written COS TO

72 00240 BALTIMORE CITY HEALTH DEPARTMENT 00210 CERTIFICATE OF DEATH I. NAME OF DECEASED lorothy Voelker 2. DATE AND HOUR OF DEATH (Type or Print) 020791 y 8-TAN. 30 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Md. C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore Secours YES TO NO E. STREET AND NUMBER 5. SEX 6. RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. Months: Doys lost birthday Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE/(Stole at foreign country) done during most of working life, even if retired) Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ges Warz 15. Was Decoased Ever in U. S. Anned Forces? (Yas, no or unknown) (If yes, give wor or dates of service) SOCIAL ADDRESS SECURITY NO. 12-22-8732 No Mr. Henry J. Voelker Sr. (Same) CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CANCER - UREMIA DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stating the UNDERLYING CONDITION last. Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yos of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct locotion) MEDICAL 21D. TIME OF INJURY (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROXI At Work 22. I certify that (1) (this haspital) attended the deceased from 12 that (I) (we) last saw the deceased alive on. 19 72 and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Wareo Attending | Med. Staff 1-8-72 Director ___ Phys. 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. MARCO FLOREZ 2025W 190 ascell FAYETTE ST

4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission)
A. STATE
B. COUNTY Il Under 24 Hisa Houis i Min. 12 CITIZEN OF WHAT COUNTRY? BETWEEN ONSET AND DEATH 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C, NAME of CEMETERY OF CREMATORY 24Dr LOCATION (City, town, or county) (Stole) Burial Holy Redeemer Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Loonard O. Ruck, Inc. Balto. Md. 21211 VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	N-633	5 72	0021	BALTIMORE CITY	HEALTH DEPARTMEN		710	2 0021	4,
	RTH NO.			CERTIFICA	TE OF DEATH	KEG. 190.			
	NAME OF DECE		F.		2. DATI	AND HOUR OF DEATH			
			ine NOR		Ja	nuary 9, 1972	1	3:25	PM
		MDRE, MARYLAND, W			A. STATE B. C	Where deceased lived. If in	stitution; re	sidence before o	dmission)
FL Hi	JLL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md			80	5
IN	STITUTION	Midtown H			C. CITY OR TOWN	D. INS	IDE CITY LI	MITS?	
	90	808 St. P	aul Str	eet.	Baltimore E. STREET AND NUMBE		YES	NO	
	10	Baltimore			1605 Normal				
s.	SEX 6	RACE			8. DATE DE BIRTH		T 10 10 .		
	F	C	WIDOWED		5/12/86	9. AGE (In years lost birthdoy) 85	II Under Months	Doys Hours	Min.
10/	LUSUAL DCCUP	ATION (Give kind of work rking life, even If retired)	108 KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	foreign country)	12. CITIZ	EN OF WHAT	COUNTRY
"	House				Maryland		11	S.A.	
13.	FATHER'S NAME				14. MDTHER'S MAIDEN	NAME	0.	D.A.	
	Uonny 1	Francisco							
15		Frecker		157 00014	Minnie G	rau			
(Ye	s, no or unknown) (I	ver in U. S. Armed For- if yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT			ADDRESS	
	No			213-18-7372	Mildred Am	mon. 2909 T.i.	ngano	re Ave	
	18.4-13	4 17-20	0.9	CAUSE OF DEAT	1			APPROXIMATE IN	NTERY AL
		OR CONDITION DIS	ECTLY /		7	Belateral	В	ETWEEN ONSET A	ND GEATH
		EADING TO DEATH		(A) IMMEDIATE CAU	SE Termual pr	emona		V de	273
	heart foilure, as	meon the mode of thenio, etc. It means	the disease.	f	A CONSEQUENCE OF:			***************************************	1
	injury at campli	icotion which caused	death.)	4.0	0 6/	4		> '	/
	ANTECEDENT CAUSES (B) AS.C. V. Alexanor								
	DISEASES OR	CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:			-	
	Tise to the	above couse (A)	stating the						
		44		(c)					
Z	OTHER SIGNIFIC	III ANT CONDITIONS COL	STRIRITING	~\n\	alite he	Mites		>	
Ĕ	ITO THE DEATH	BUT NOT RELATED TO THE	IF TERMINAL	Ne	apells M	elleus		,	
CERTIFICATION	19A. DATE OF O	PERATION 198 CON	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes o	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS	CONSIDERED	
E	0				No	IN CERTIFYING CA	USES OF D	EATH?	
CAL	21 A. A CCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING DISCOURSE OF edicol exomines	21 B. hom elc.	PLACE OF INJURY (e.g., in a, form, foctory, street, of	or obout 21 C. WHERE DI	? (It in Boltimor	e City, give	exact location)	
MEDI	21 D. TIME (A	Month) (Doy) (Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
2	(APPROX.)		Whi	ile At Not While	חי				
	22 1	as (I) (also be asterly			nuona 75	67 Iomis	0.7074		176.
		ot (I) (this hospital)		Sau.	nuary 25	1967 to Janua		19.	15
		st sow the decease				that in (my) (our) api	nlan deatl	n occurred an	the date
	and hour and f	rom the causes stat	ed above. (I) (We) (did) (did not) v	lew the bady ofter deat	h.			
	23A. SIGNATURE	(/	121		/		23B. DATE	SIGNED	
		my h	-logic	un DEGREE Phys	Med. Director	Staff Phys.	/	110/72	
	NAME (Type	JOSETI	4 S.	BRUM	3D. ADDRESS	N. CALVE	RT	2	
24A	BURIAL CREMA	ATION, 248, DATE	24C.N/	ME of CEMETERY OF CRE	MATORY 1240	LOCATION (Ci	ly, town, or	county	(Stote)
							y, while of	oo omy/	(21016)
25 4	Burial	1-12-72		ltimore		Balto. Md.			
1	1/1/11/11	1030	Z3D NAME C	F REGISTRAR	25C. FUNERAL DIRECT	- **		ADDRESS	
	OAN I	Kalla B	50.00	Self Comments	Leonard J.	Ruck, Inc.,	5305	Harfor	d Rd
A2	150-REV. 1/1/68			0					

No. 14 August 1996

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1	a hospital (except where the physician who pranounced again was in regular affected on the irreduced (b) No physician was in regular attendance an the deceased priar ta death. Such
	e must be approved by the chief medical examiner or his assistant if death occurred in a hospital and released to the haspital by a medical examiner. Also, if the direct or contributing cause af death accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
	The state of the s

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH IRTH NO NAME OF DECEASED 2. DATE AND HOUR OF DEATH ype or Print) Burnotes, Walter Anthony January 9, 1972 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D INSIDE CITY LIMITS? Baltimore YES X NOF U.S. PUBLIC HEALTH SERVICE HOSPITAL E. STREET AND NUMBER Howard ears of Under 1 Yr. If Under 24 Hrs. SEX 6. RACE MARRIED NEVER MARRIED Hours last hirthday Male Caucasion WIDOWED DIVORCED 12-12-99 DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? one during most of working life, even if retired) U.S.A. Military-U.S.A. Captain-in U.S.A. Maryland 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Burnotes Anntoienta . Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL 17. INFORMANT Yes 1921-1948 SECURITY NO. RECORDS. US PHS HOSPITAL. Balto., Md. 21211 30 3349 APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) IMMEDIATE CAUSE Bilateral Congestive edema-lungs sudden LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, osthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Lymphosarcoma l year TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 208. IF YES. WERE FINDINGS CONSIDERED 20A. AUTOPSY? (Yes or No) IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED ves 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact location) DEATH (notify medical examiner) etc.) MEDI 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Nat While OF INJURY While At (APPROX.) At Work 22. I certify that (1) (this haspital) attended the deceased from December 10 January 19 72 that (V) (we) last saw the deceased alive an January 9 and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (Aid hot) view the body after death. 23A/SIGN ATURE 23B. DATE SIGNED Attending [1 - 10 - 72Director 23D. ADDRESS 23 C. PHYSICIAN'S Robert Belliveau, M.D. PHS HOSPITAL, Baltimore, Md. 21211 US 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

apprav 72 St of Stanislaus Baltimore Maryl Cometer VIRECTOR Deonard Ruck Inc. Baltimore Md. VS 150-REV. 1/1/6B

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IMPORTANT DIRECTOR: FUNERAL

if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased

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any nature; (2) Body

of

to the hospital

he body was released

shows: (1) An accident

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examiner.

a medical

assistant if

BALTIMORE CITY HEALTH DEPARTMENT 72 00243 REG. NO. CERTIFICATE OF DEATH Such BIRTH NO. I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH Type or Pant) On Beuchelt death. 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) 3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance B COUNTY A. STATE Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOY IN HOSPIYAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 Baltimore E. STREET AND NUMBER NO prior MERCY HOSPITAL 605 Cokesbury regular 9. AGE (in years lost birthdoy) disposition is mad 5. SEX 6. RACE 8. DAYE OF BIRTH Il Under 1 Yr. If Under 24 Hrs. · MARRIED X NEVER MARRIED deceased Doys Haurs Aug. 28, 1889 CAUC. WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OF INDUSTRY 11. SIETHPLACE (State of foreign country) 12 CITIZEN OF WHAY COUNTRY? = done during most of working life, even if refired) Assistant Secretary To Mayor, Balto. Germany MOS the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME F. Ernest Buchelt. ? Anna death UO 15. Wee Deceased Ever in U. S. Armed Ferces? (Yes,no or unknown) (II(yes, give war or dates of service) 17. INFORMANT ADDRESS or final SECURITY NO. attendance Yes 214-40-7191 Mrs Lurline H Beuchelt Same CAUSE OF DEATH APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, aethenia, etc. It means the disease, injury or complication which caused death.) regular ANTECEDENT CAUSES who (B) DUE TO, OR AS A CONSEQUENCE OF: Gre DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the = physician UNDERLYING CONDITION last the remains Was ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL (6) No physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DAYE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A. AUTOPSYT (Yes of No) the WAS PERFORMED 218 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg. INJURY OCCUR? before Ü 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimare City, give exact facation) where MEDICAL DEATH Inotify medical examined obtained 21 D. TIME (Month) (Doy) (Year) (House 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While (except While At (APPROX) At Work and Work 19 72 to 22. I certify that #) (this hospital) attended the deceased from leath); pe that ((we) last sow the deceased alive an. and that in (aur) opinion death accurred on the date hospital and hour and from the causes stated above. (#2) (did) (did not) view the body after death. must 23A. FIGNATURE 238 DATE SIGNED ō Attending [Med. Staff Director L 0 Phys. approval Phys. O 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) to D.O.A. DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 248, DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION bespased 2 Lorraine Baltimore, 25A. DATE REC'D BY HEALTH DEPT. 50 epnard J Ruck Inc. Baltimore, Md VS 150-REV. 1/1/68

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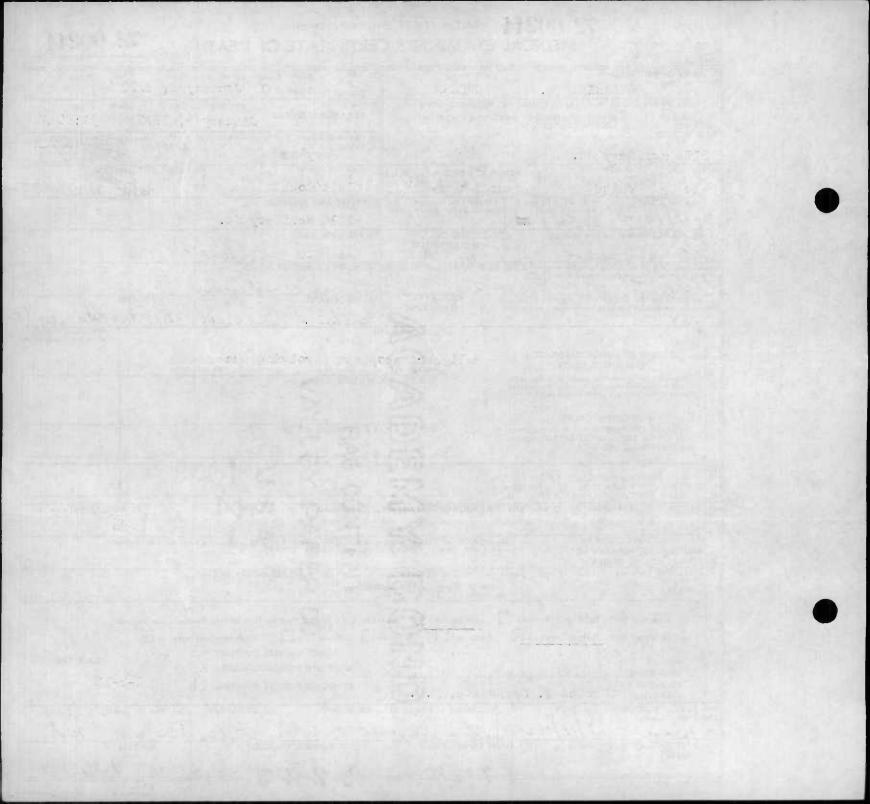
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	BALTIMORE CITY HE	EALTH DEPARTMENT				
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.						
	BIRTH NO.	CERTIFICATE OF DEATH REG. NO.				
	I. NAME OF DECEASED	2. DATE Known Month Doy	Year Hour			
	(Type or Print) CHARLIE R. GREENE	OF DEATH Estimated X January 8, 19	72			
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Haur			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD January 8, 1972	2:00 A			
	OR INSTITUTION	5 USUAL RESIDENCE (Where decessed lived if institutions as	M			
4	3210 McEldery St.	A. STATE Maryland B. COUNTY	2410			
-	S. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS2			
	Male White WIDOWED WINDOWED	Baltimore				
- IL	P. DALE OF, BIRTH 10. AGE (In years If Under 1 Yr. 11 Under 24 Hrs.	E. STREET AND NUMBER	NO L			
	2/4/1917 last birthday) Months Days Haurs Min.	3210 McEldery St.				
ш	1. BIRTHELACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME				
	WHAT COUNTRY?	() b . S				
	4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 18: MOTHER'S MAIDEN NAME				
	onedurity mast of warking life, even if retired)	10.				
	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18 INFORMANT ADD	PECC			
	Yes, na ar unknawn) (If yes, give war or dates al service) SECURITY NO.	B. # 1/ B 18 30.00	has Place It			
-	19. CAUSE OF DEA	Tertha " Juren 32/00	APPROXIMATE INTERVAL			
	797		BETWEEN ONSET AND DEATH			
1		oplasm involving neck	The state of the s			
	(This does not mean the mode of dying, e.g.,	CAUSE AS A CONSEQUENCE OF:				
	heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	AS A CONSEQUENCE OF:				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:				
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	A SOURCE OF				
	(c)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	1. AUTOPSY? (Yes or No)			
			No			
	ZZA. EXTERNAL CAUSE WAS 228, PLACE OF INJURY(e.g.,	In ar about 22C, WHERE DID (II in Baltimore City, give exact in				
	UNDERLYING OR CONTRIB- home, farm, lactory, street, office	e bldg., etc.) INJURY OCCUR?	ocononj			
	☐ UTING ☐ CAUSE OF DEATH. 22D. TIME (Manih) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?				
	OF INJURY	WHILE -				
		VORK L				
		topsy ond that on this basis, deoth In my opi	inian			
-	resulted from: Notural couses X Accident Suicio		птоп			
	Surette House Houses M. Accident Surette	Homicide Undetermined monner CHIEF MEDICAL EXAMINER				
	ACTUAL PLANTS OF THE STATE OF T	ASSISTANT MEDICAL EXAMINER	DATE SIGNED			
	SIGNATURE CHANGES - JAMAGE M.D. EXAMINER'S		-8-72			
	NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER				
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, lown, or	county) (State)			
	REMOVAL (Specify)	000				
F	ISA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	pul.			
	JANII WE WAS SEE	D. I. O. ADDI	01 .1			
L	1 20 3 5 6 6 6	- This Cowa! for he, 901	Holling Lt.			
٧	S 151-REV. 1/1/68	3	sets had 21233			

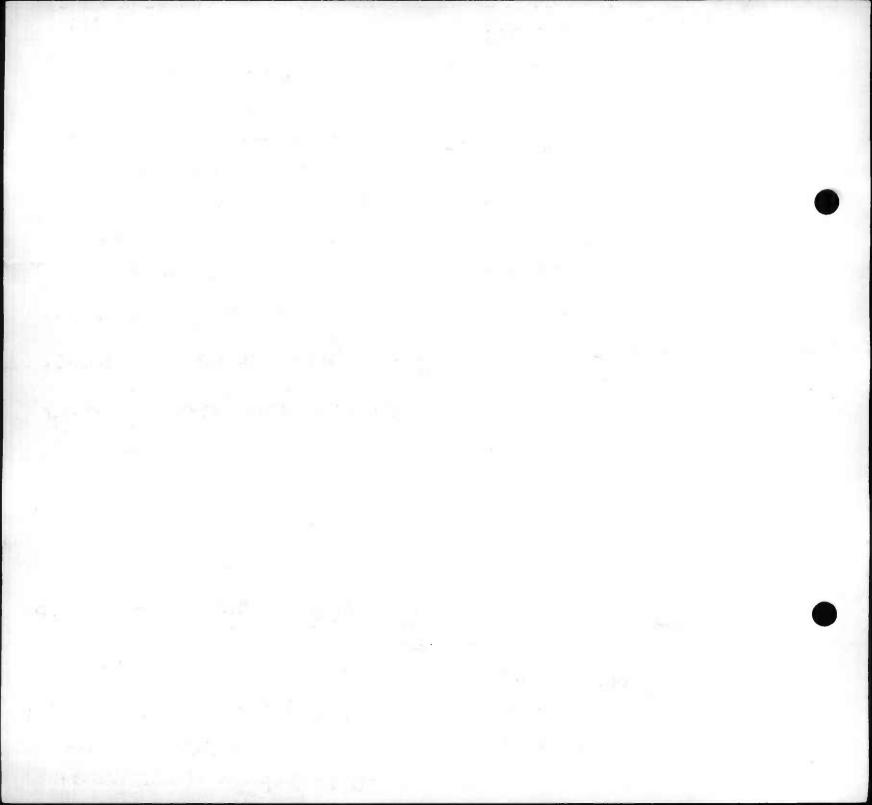


IMPORTANT DIRECTOR: FUNERAL

of death Deceased and Such no hospital attendance Undetermined cause; (5) cause 8 0 occurred in prior contributing regular mad deceased = death isposition 0 dis the 3 0 death final attendance any pronounced or embalmed gular who re 4 physician remains Was physician the (2) Body the 8 before where hospital ° any nature; obtained 9 (except and to the eq of death) hospital the body was released shows: (1) An accident must prior to approval 8 at D.O.A. deceased written Was

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH KOZOJET (Type or Print) THE N. 5.1972 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY MD BALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? CATONSVILLE NURSING HOME YES NO E. STREET AND NUMBER BEAUMONT AVE. 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. W lost birthday Hours ! WIDOWED DIVORCED 86 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOME HOUSEKEETER AUSTRIA U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HAVLIK 5CHIMUNEK 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown!) (II yes, give war or dates at service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart loilure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the obove couse (A) stoling the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? (Il in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from untices that (1) (as) last saw the deceased alive an ond that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending Med. Staff Phys. Director 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATOR 24D. LOCATION (City, town, or county) REMOVAL (Spec)(y) (Stote) Cem 25C. FUNERAL DIRECTOR

258. NAME OF REGISTRAR VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in V\$ 150-REV. 1/1/68

5-122	12/2/6/20	HEALTH DEPARTMENT	
BIRTH NO.	CERTIFICA	TE OF DEATH	EG. NO
NAME OF DECEASED		2, DATE AND HOUR	
	JOSEPH	JANUARY 7	, 1972 4:15 A. M
3. PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	A. STATE & COUNTY	d lived. If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET ATION)	MARYLAND	2580
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOC NSTITUTION	A IION)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
ST AGNES HOSPITAL		BALTIMORE E. STREET AND NUMBER	YES NO NO
40		1067 WILMINGTON	
SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (I	n years Under 1 Yr. Under 24 Hrs. oy) Months Days Haurs Min.
MALE CAUCASIAN		02/24/13 58	
A USUAL OCCUPATION (Give kind of wor	TOB KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State of foreign country	12. CITIZEN OF WHAT COUNTRY
TRUCK HELPER	Kane Transfer	MARYLAND	USA
FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
PETER SHAPOKAS		(Victoria Inch	a avea lea
Was Deceased Ever in U. S. Armed Fees, no or unknown) [If yes, give war or dot	rees? 16. SOCIAL	17. INFORMANT DECORD	IS BALTIMORE MD 21229
No 18.	215-14-8717 CAUSE OF DEA		AL WILKENS & CATONA \
UNDERLYING CONDITION last	(c) Brong	chus	
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL		
19A. DATE OF OPERATION 198 CON		20A AUTOPSYT (Yes or No.) 20B, IF	YES, WERE FINDINGS CONSIDERED CHIFTING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21& PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Boltimore City, give exact location)
21D-TIME (Month) (Doy) (Year OF INJURY (APPROX.)	While At Not Wh. Not Wh. Not Work	<u> </u>	
22. I certify that XIX(this hospite	il) attended the deceased from	ANUARY 3 19 72	ta JANUARY 7, 19 72
	ed alive an JANUARY 7,		(aur) apinion death occurred on the do
· · · · · · · · · · · · · · · · · · ·	ated above (I) (We) (d(d) (d)(d)(n)(t)		
23A. SIGNATURE			23R DATE SIGNED
Kahman	7 0	ending Med. Staff Phys.	1/7/72
23C-PHYSICIAN'S NAME (Type) RAHMAN KARIMI	M.D.	23D. ADDRESS ST AGNES HOSPITA	BALTIMORE MD 21229 L WILKENS & CATON AVE
4A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF C		(City, town, or county) (State)
Burial 1-10-	1972 Cedar Hill Ceme	tery Anno Am	
SACDATE SECO BY HEALTH DEPT.	258-NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	indel Co., Md.
		WINDER	

1회 유럽·레보트 급역자 : R 22분드 및 보고 필드턴(F

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

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BIRTH NO.			CLKTIFICA	TE OF DEAT	П	
1. NAME OF DEC				2. DAT	E AND HOUR OF DEA	TH
		NORMAN	SMITH	Ja	anuary 7, 19	972 _{M.}
3. PLACE IN BALT	TIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, I	If institution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland c. City OR TOWN	, ID. I	INSIDE CITY LIMITS?
00	3805 Patap	sco Ave	nue	Violetville E. STREET AND NUMB	ER	YES 🗓 NO 🗌
5. SEX	6. RACE	7		8. DATE OF BIRTH		
Male	White	WIDOWED	NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		108 KIND OF	DIVORCED BUSINESS OR INDUSTRY	1-15-1911	60	13 (17)51 05
done during most of w Truck Dr	corning life, even it tellted)		Biscuit Co.	Maryla	-	U.S.A.
13. FATHER'S NAM	AE .			14. MOTHER'S MAIDEN	NAME	
	essie N. Si			Lulu Sp	ringer	
15. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed For Ilf yes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			212-07-0231	Mr. Edward W	7. Smith, 380	5 Patapsco Ave. 2122
18. 15 4	6. / 1		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEAS	OR CONDITION DI	RECTLY		0	. 10	BETWEEN ONSET AND DEATH
4	LEADING TO DEATH	Automorphism	(A) IMMEDIATE CAU	SE Carcin	one /10	Chang & yrs
heori loilure, d	of mean the mode of asthenio, etc. it means olication which caused	the diseose.	DUE TO, OR AS	CONSEQUENCE OF:	0	incommence of the second secon
A	NTECEDENT CAUSES					
DISEASES OF	R CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		******************************
rise la the	above cause (A) CONDITION last,	stating the	(c)		10000000000000000000000000000000000000	
Z	11					
TO THE DEATH	CANT CONDITIONS COI BUT NOT RELATED TO THE INDITION GIVEN IN PAR	E TERMINAL	***********	******		**************************************
19A. DATE OF	OPERATION 198 CON	DITION FOR V	HICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
. OR CONTRIBUT	WAS UNDERLYING CAUSE OF	218. hometc.)	PLACE OF INJURY le.g., in p., iorm, loctory, street, off	or obout 21 C. WHERE DI	D (If in Boltin	more City, give exact location)
O 21D. TIME	(Month) (Doy) (Year)					
21D. TIME OF INJURY (APPROX)	(Doy) (lean	Whi	e At Not While	21F. HOW DID	INJURY OCCUR?	
22. 1 certify t	hat (1) (this hospital)	Worl	AT WORK			1 /-2 / -
	ast sow the decease		e deceased from	19 7 2 000	19to/	19 7 2
			(We) (did) (did not) vi		that in (my) (aur) o	plnian death accurred an the date
23A. SIGNATUR	F	ag goode, (1)	(me) (did) (did not) vi	ew the bady after deo	th.	
frew	and Di	Tacer	Aften Phys.		Staff	23B DATE SIGNED
23C. PHYSICIAN NAME (Typ	rs cel		DEGREE	3D. ADDRESS	Phys. L	111.11
		. Kall:		000 Park Heig	ghts Avenue.	Balto. Md.
REMOVAL (Sp	ATION, 24B. DATE	24C.NA	ME of CEMETERY of CREA			(City, town, or county) (State)
Burial	1-10-19	72 Mea	dowridge Ceme	tery H	loward County	
SA. DATE REC'D	LALENTH DEPTO	258, NAME O		25C. FUNERAL DIREC		ADDRESS

Howard H.

Hubbard,

4107 Wilkens Avenue 21229

3 = 3 27-11-1 256 V. J. 1974 P. 1974 P. 1974 P. 1974 P. 1975 The state of the second

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	G-655 72 00248 CERTIFICA	Y HEALTH DEPARTMENT REG. NO. 72 00248
1 1	MRTH NO. NAME OF DECEASED	
	Type or Print) ALBERT E. GEKMAN	2. DATE AND HOUR OF DEATH 1/8/72 9:25 PM
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) A. STATE B. COUNTY
1111	FULL NAME OF ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARY CAND HOWARD 6300 C. CITY OR TOWN D. INSIDE CITY LIMITS?
	ZHRON SECOURS KORPITAC	ELCICOTT CITY VEST NORT
	21/	E STREET AND NUMBER OCOLUMSIA PILE
	SEX ALE 6. RACE WIDOWED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. II Under 24 Hrs. Manths Days Haurs Min.
q	OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1;	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOSEPH GERMAN	FELECIE BURNO
(Y	os, Mas Deceasad Ever in U. S. Armad Farces? as, no ar unknown) (If yes, give war ar dates af service) No. 16. SOCIAL SECURITY NO. 2/0 - 14-976	17. INFORMANT 3997 COLOMBIA Rd.
	18, // I CAUSE OF DEAT	ATTENOSCLOTIC LEAST disease) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	
	heart foilure, asthenio, etc. It means the disease, injury ar camplication which coused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	my weeks Coneralized arteno-
	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION last.	A CONSEQUENCE OF: -3 choose
	- Distur	is at line
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	animia, Anus a, Chamic Nephrosebross.
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z V	OR CONTRIBUTING CAUSE OF home, form, factory, street, off	ica bldg., INJURY OCCUR? (If In Baltimare City, give exact location)
MEDI	(APPROX.) While At T Not While	21 F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) ottended the deceosed from	1-2-70
	that (i) (we) lost sow the deceased alive on $1-9-72$	19
	and hour and from the causes stated above. (1) (We) (did) (did nat) vi	lew the body ofter death.
	23A. SIGNATURE	238, DATE SIGNED
	23C. PHYSICIAN'S DEGREE Phys.	Inding Med. Staff Phys. 1-8-72.
	NAME (TYPE) YUNYONG YUNYONGYING	BON SECOURS HOSPITAL
24.	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATER OF	//04/1/04
L	Burial 1-12-72 CRESTLOWN G	Ennder FILT PT Md
25	JAN 1 1 1972 POPE CONTRACTOR OF REGISTRAR	25C. FUNERAL DIRECTOR Elling To ADDRESS TO STANDARD HOME.
"Vs	150-REV. 1/1/68	ma alog

High P. L. AND THE PERSON NAMED IN TH

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0	1	A			BALTIMORE	CITY HEALTH D	EPARTMENT			72	0024	10
IRT	1-6/C	72	000	249	CERTIFIC	CATE OF	DEATH	REG	. No	12	UUZA	-7
.N	AME OF DECE	ASED					2. DATE	AND HOUR OF	DEATH		,	<i>(</i> **)
уре	e or Print)	DNB	N	URPH	Y		1-9	-72				6 p. M.
	LACE IN BALT				JNCED DEAD	A. STATE	RESIDENCE IW	here deceased I	lived, If in	stitution; re	esidence be	fore admission
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	heart failure, o	sthenia, etc.	It means	the disease,	DUE TO O	R AS A CONSEQU	ENCE OF:					
	heart failure, o	sthenia, etc.	It means h caused	the disease,	DUE TO, O	*	0	11 810	4 A E W			
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MEDICAL CERTIFICATION	heart failure, cinjury or cam A DISEASES O sise to the UNDERLYING OTHER SIGNIFI DISEASE OR CO 19 A-DATE OF 21 A- A C CIDEN OR CONTRIBU DEATH (notify 22 L certify that (1) (we) and hour and 23 A- SIGNATU 23 C- PHYSICIA NAME (1) BURIAL CREF REMOVAL IS BURIAL	sethenia, etc. olication which INTECEDENT R CONDITIO above can CONDITION II CANT CONDITION II CANT CONDITION I BUT NOT REL OPERATION T WAS UNDE TINO CAUS medical examin (Month) (Do) that (I) (this last saw the from the can RE MATION, 248, pecify) 1/	It means in caused CAUSES NS, if case (A) last. ONS CONTROL OF THE CONTROL OF TH	the disease, death.) any, giving stating the stating stating the stating stat	WHICH OPERATION (6) DUE TO, O (C) WHICH OPERATION PLACE OF INJURY OCCURRED INJURY OCCURRED IN Not At the deceased from At the deceased from DEGREE AME OF CEMETERY OF THE COMMENT O	20A.AU 20A.AU 20A.AU 20A.AU 20A.AU 20A.AU 21 While Work 21 Aftending Phys. 23D. ADDRE 23D. ADDRE 23D. ADDRE 23C. FU	TOPSY? (Ves or C. WHERE DID BURY OCCUR.) F. HOW DID (1) And Director SS WERAL DIRECT	No. 20B. HF YI (N CERTIF) (IN CERTIF) (IN JURY OCCU 19	ES. WERE I	FINDINGS USES OF City, giv 238, DA1 238, DA1 WG RAA Md.	th occurre TE SIGNED Or county)	1972 ad on the date 72 SPIZIAL IState)

2-2-1972 - Correction Form from Funeral Director (also: Letter from South Baltimore General Hospital, Melva G. Kellenbenz, Medical Records Administrator & Verification of Baptismal Record of the Good Shepherd United Methodist Church.-baptism -June 25, 1916.) HRS

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This cortificate must be approved by the chief medical examiner or his assistant if death occurred in BURIAL
25A. DATE REC'D BY
JAN 11

VS 150-REV. 1/1/68

	B-420 72 00250 BALTIMORE CITY HEALTH DEPARTMENT X REG. NO. 72 00250											
	BIKIH NO.	CERTIFICA	TE OF DEAT	TH REG. NO.								
	1. NAME OF DECEASED (Type or Print) EDNA SMIT		2. DATE AND HOUR OF DEATH									
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROI	OUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, II in	stitution: residence before admission)							
	FULL NAME OF IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MARYLAND NC. CITY OR TOWN	A. A. CO	DE CITY LIMITS?							
-		AMENUEL	ARNOLD	D. 11431	YES NOXX							
ege.		PITAL 1-17-72	805 BRAD	BER FORD AVE.	100,23							
D	5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	if Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.							
2	FEMALE WHITE WIDOW		3-2-19	last birthdoy) 52	Manths Days Hours Min.							
	IOA, USUAL OCCUPATION (Give kind of work IOB, KIND done during most of working life, even il telired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?							
	State Health Depattment		Pennsylvani		U.S.A.							
	13. FATHER'S NAME		14. MOTHER'S MAIDE									
2	Houston A. Smith		OLGA	Paulson								
,	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) III yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	53 Northmor	nt St. ADDRESS 15601							
	NO	security No.	Walter Smi		ve. Greensburg, Pa.							
5	18. 3 9 4.01	CAUSE OF DEATH	Ventre	1 1	APPROXIMATE INTERVAL							
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	war tock	yeardia la mand death									
	(This does not mean the mode of dying a	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	<i></i>	10 mus							
	heart failure, asthenia, etc. It means the diseas injury ar complication which caused death.)	e,	CONSEQUENCE OF:									
	ANTECEDENT CAUSES	Rhou	notic Her	att Cherry	mo 7							
	DISEASES OR CONDITIONS, il any, givin	con which caused death.) EEDENT CAUSES ONDITIONS, it any, giving the cause (A) stating the death of the country of the count										
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		and	MY							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************									
	19A. DATE OF OPERATION 19R. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or Na) 208, IF YES, WERE F	INDINGS CONSIDERED							
	2 × ×		YES		ISES OF DEATH?							
	OR CONTRIBUTING CAUSE OF he cause of the cau	IB PLACE OF INJURY (e.g., in orne, lerm, foctory, street, off c.)	or obouf 21 C. WHERE Dice bldg., INJURY OCCU	DID (II In Bollimore JR?	City, give exoct locotion)							
	_ JOF INJURY	E INJURY OCCURRED	21F. HOW DIE	D INJURY OCCUR?								
	(IAPPROX.)	/hile At Not While										
	22. I certify that (1) (this hospital) attended		13	19 7210 /	15 10 72							
	that (1) (we) last saw the deceased alive an		19		Ian death occurred an the date							
	and haur and fram the causes stated above.	(I) (We) (did) (did nat) vi	ew the bady after de	ath.	on desire desired on the data							
	234 SIGNATURE	V.			23R DATE SIGNED							
	James Karklen X	been DEGREE Phys.	ding Med.	Staff Phys	1/5/72							
	22C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	t-Ida CL	10111							
	James Franklin Gri	DEGREE	12 28 1016	cigerryst.	palt. 21205							
2	24A. BURIAL CREMATION, 24B. DATE 24C. P	AME al CEMETERY OF CREA	MATORY 24	D. LOCATION (City	town, or county) (Stole) Pennsylvania							
	DIID TAT	eenwoon Memoria	1	New Kensington West Moreland Co.								

Loring Byers 8728 Liberty Road 21133

JAN.8,72 Greenwoon Memorial
HEALTH DEPT. 258. NAME OF REGISTRAR

1972

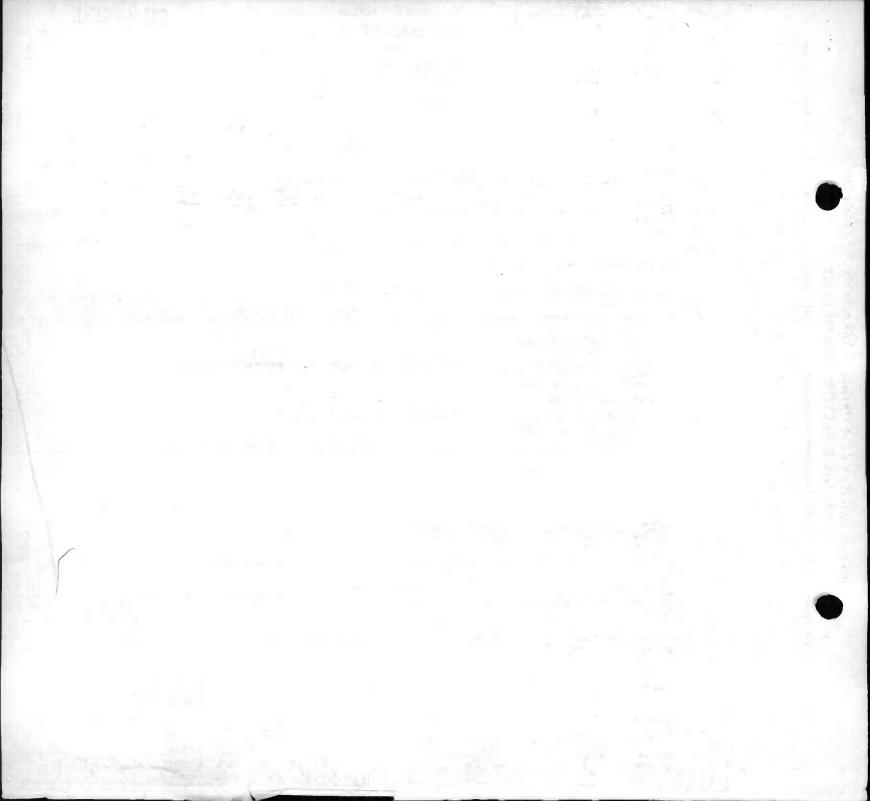
HRS

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in - CORRECTIONS BY MORTUBLY IMPORTANT FUNERAL DIRECTOR: ERRORS HEXE ON 31 HOSPITAL

4 100	nnorse	BALTIMORE CITY	HEALTH DEPARTMENT		99 00953			
FIRTH NO.	25.5	CERTIFICA	TE OF DEATH	REG. NO	145-1300-145			
NAME OF DECEASED			2. DATE	AND HOUR OF DEATH				
tors	Ithe, AT	nella 5		0.72				
B. PLACE IN BALTIMORE, MARYL	IND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (W	here deceased lived. II in- JNTY	stitution: residence before admission)			
FULL NAME OF HE NOT IN ADDRESS ON STITUTION	HOSPITAL OR INSTITUT	TON, GIVE STREET	MO		2632			
ASTITUTION		2 1 1 1 1 1 1 1	BAID WELL		DE CITY LIMITS?			
SIXE ONLO	N MEMOR	21AC(1051)	E. STREET AND NUMBER	ae	YES NO NO			
from Complex			5 360 SIA	KLAIR LAN	VR 21206			
SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yt. Il Under 24 Hrs. Months: Doys Hours Min.			
T U	WIDOWED	DIVORCED	3-30					
A. USUAL OCCUPATION (Give kin one during most of working life, even if	of work 108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Slote of fo	reign Country) 74	12. CITIZEN OF WHAT COUNTRY			
HOUSE WIF	E		Md.		0.57			
FATHER'S NAME			14. MOTHER'S MAIDEN N	AME				
CALKNOW		-K	UN	KA MUNN	_			
. Was Deceased Ever In U. S. An es, no or unknown) (If yes, give war	ned Forces?	6. SOCIAL SECURITY NO. (?)	17. INFORMANT		ADDRESS			
100 -	or come or connect	SECORIT NO. C .	MARKET SUIS	2104	GLENMORE AUE			
18. //// 0 1		CAUSE OF DEAT	I JULY SHI	PER	APPROXIMATE INTERVAL			
DISEASE OR CONDITI	ON DIRECTLY				BETWEEN ONSET AND DEATH			
LEADING TO D		(A) IMMEDIATE CAU	Polyen	exts edecu	4			
(This does not mean the m	ode of dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	7				
heart failure, asthenia, etc. It Injury at complication which	caused death.)							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving OUE TO, OR AS A CONSEQUENCE OF:								
DISEASES OR CONDITION	S. if any, civing	(B) DUE TO, OR AS	A CONSEQUENCE OF	mry just	Orce			
rise to the above cause	(A) staling the	An of	WS CREATIC	20161	2			
UNDERLYING CONDITION I	ost.	(c) MICIEN	WS CREPOTIC	- 0116				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	NS CONTRIBUTING				The second second			
DISEASE OR CONDITION GIVEN	IN PART 1 (A).	***************************************		*****				
19A-DATE OF OPERATION 19 W.	AS PERFORMED	IICH OPERATION	20A. AUTOPST? IT es or	10) 20R IF YES, WERE F	INDINGS CONSIDERED			
21A. ACCIDENT WAS UNDERL	YING 218. PL	ACE OF INJURY le.g., in	or about 21C. WHERE DID	(II In Boltimore	City, give exoct locotion)			
OR CONTRIBUTING CAUSE (DEATH (notify medical examiner) F home	farm, factory, street, of	ice bidg. INJURY OCCUR?	, the second	anyl Sive exect technol			
21D.TIME (Month) (Day)	(Year) (Hour 21E It	NJURY OCCURRED	21F. HOW DID IN	IJURT OCCUR?				
OF INJURY (APPROX.)	While							
	Work	At Work						
22. I certify that (I) (this ho		/	12-70-71	19 7 (to /	-6 19.72			
that (1) (we) last saw the de	coased office on	1-6-12	19 22ond 1	hat In (my) (our) opin	Ion deoth occurred on the dote			
and hour and from the cause	es stoted abave. (1) ((We) (dld) (dld not) v	lew the body after death					
23A. SIGNATURE	, 1		•		238. DATE SIGNED			
de	4.19	D lave	nding Med.	Staff C	1/6/27			
23C. PHYSICIAN'S	/ /	DEGREE Phys	3D. ADDRESS	Phys. L.	70/72			
NAME IType)	VE PAZ		UNAI	4 -				
A SUBIAL CREATION IS	111	DEGREE	701)				
A. BURIAL CREMATION, 24B. D.	24C.NAM	LE OF CEMETERY OF ERE		LOCATION (City	lown, or county) (State)			
JUKIAL 1/8	11912 DR	1LTIMORE	n h	ALTO, MIN				
A. DATE REC'D BY HEALTH DEP	258 NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	30	ADDRESS /			
IAN 1 1 1972 (2.6)	SE VELSEZ N	20, 0 0 1	Worldon to	hadlen H	helle Inoll			

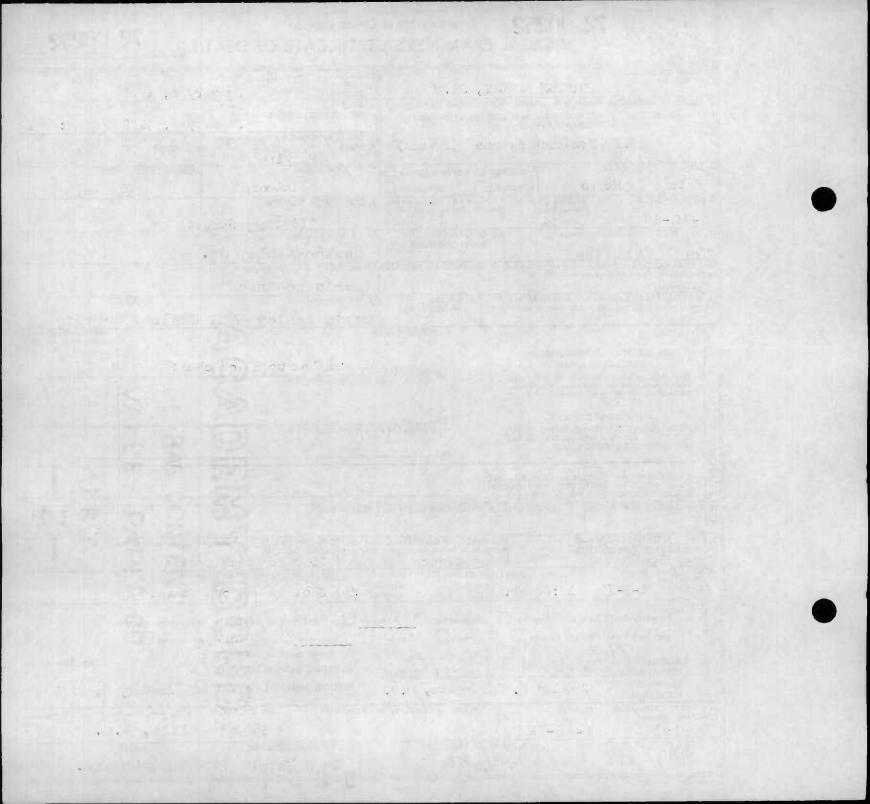
JAN 1 1 1972 VS 150-REV. 1/1/68

E. Jaker M.D.

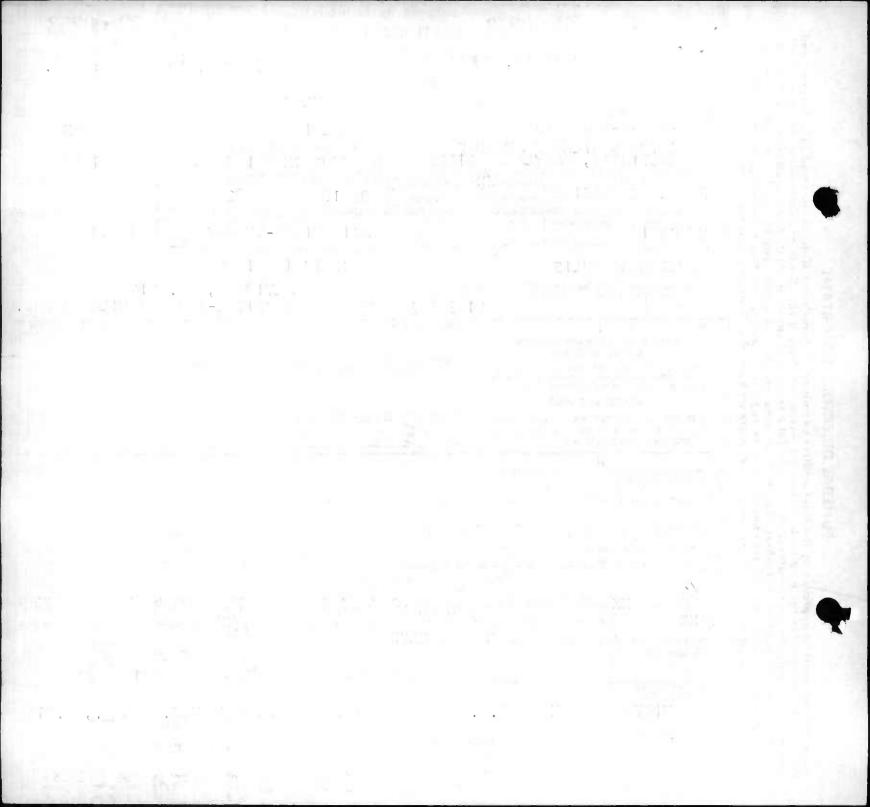


10 0.12	72	00252	BALTIMORE CITY I	HEALTH DEPARTMENT	
H-240		MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH

BI	RTH NC.		MED	ICAL	. EX	AMINER'S	CERTIF	CATE OF	DEAT	H REG. N	10	CH	1505
	NAME OF DEC	EASED					2. DATE	Known X	Month	Day	Ye	ar	Hnur
(1Y	(Type or Print) GASTON ASHLEY, JR.							Estimated	Janua	rv 8.	1972		
4.	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD								Month	Doy		ear	M. Haur
FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)							UNCED DEAD		ry 8,			10:10 P _{M.}
	NOITUTITEN	2350 F1	redric	k Ave	enue	(Tavern)	5. USUAL I A. STATE	Mary 1 and		ed. If institu B. COUNT		nce be	fore admission)
6.	SEX	7. RACE		B. MARE	HED	NEVER MARRIED	C. CITY O	Maryland		D. INSID	E CITY LIMI	ITS?	1 100
	Male	Negro		WIDOV	VED 🗌	DIVORCED		Baltimor	e		YES X	N	10 🗆
9.	DATE OF BIRTH		10. AGE (Ir last birthdo	yeors	If Und Months	er I Yr. II Under 24 Hrs.	E. STREET	AND NUMBER					
	5-10-47		24					116 Care	v Stre	et			
11.	BIRTHPLACE (S	tate ar fareign	country)			IZEN OF	13. FATHER						
F	lorth Ca	arolin	a		AA1	HAT COUNTRY?	Gas	ton Ashle	ey Sr.				
144		ATION (Give	kind of work	48. KIND	OF BL	ISINESS OR INDUSTR							
-	ahorer	orking inte, eve	ii ii reiired)				Mar	ie Robin	son				
16.	WAS DECEASE	D EVER IN U	S. ARMED	FORCES	? 1	7. SOCIAL	18. INFOR				ADDRES:	S	
(1e	s, no or unknown)	(II yes, give wo	or or dotes	of service)	SECURITY NO.	Mont	a Ashley	3001	Chal	0A9 T	Pan	race
	19	1 = 11	2	-		CAUSE OF DEA		a WallTe A	SOOT	01101	.bca .		OXIMATE INTERVAL
	E76) SK				Chost of Den	•••						N ONSET AND DEATH
		ORCONDI		CTLY					1 6				
	4.	EADING TO						nshot woun	d of c	nest			
	heart failure.	osthenio, etc. I	It meons the	diseose.		DUE TO, OR	AS A CONSEC	QUENCE OF:					
	Injury or com	plication which	coused dec	ih.)	,							1	
	AN	ITECEDENT C	AUSES			(n)							
				, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:					***************************************
3/	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.										100		
o						(c)	****						
CERTIFICATION	OTHER SIGNI	I IFICANT CONI TH BUT NOT R	DITIONS CO	ONTRIBUT	ING								
H	DISEASE OR	CONDITION	SIVEN IN PA	RT 1 (A).		***************************************							
ER	20A. DATE OF	OPERATION	20B. CON	NOITIQ	FOR W	HICH OPERATION W	AS PERFORM	MED			21. A	UTOP	SY? (Yes ar No)
	1										195	Y	es
EDICAL		AL CAUSE W			22B. PL.	ACE OF INJURY (e.g., orm, loctory, street, offic	In or obout	22C. WHERE DID	(If in Boltimore	e City, give	exact locati	on)	
ă	UNDERLYING UTING CAL	IXOR CONTI	RIB-		home,	Tavern	e bldg., etc.)	2350 Fred	Irick A	Tonilo)/	004
Σ	22D. TIME (Month) (Do) (Hou) 22E	INJURY OCCURRED		22F. HOW DID IN				X	
	OF INJURY		10.0				WHILE W				:1 -m+		
	OF INJURY (APPROX.) 1-8-72 10:00 P _{em.} WHILE AT NOT WHILE X Shot by unknown assailants												
	l certify that I held on Inquiry Inspection Autopsy X and that an this basis, death in my apinian												
												n	
	resulted from: Notural causes Accident Suicide Hamicide Undetermined manner										er 🔛		
	ACTUAL CHIEF MEDICAL EXAMINER										D	ATE SIGNED	
	SIGNATU	RE LL	arus	٥,	ON	sugare M.D	ASS	STANT MEDICAL E	XAMINER	LX			ALL DIGITED
	EXAMINE NAME (T)		Charle	s S.	Spr	ingate, M.D.	ASSO	CIATE MEDICAL E	XAMINER	□ J,	anuary	9,	1972
24. RE	A. BURIAL CREM	ATION, 24	B. DATE		24C.	NAME of CEMETERY	or CREMATO		LOCATION		own, or cau		(Stote)
	Burial		L-16-	72				F	ayett	evill	Le, N	e Ce	
25	A. DATE REC'D	BY HEALTH D	EPT.	25B. N	AME O	F REGISTRAR	25C.	FUNERAL DIRECTO	OR		ADDRESS	5	
	JANII	1912		13	W. Con	, KB.	W	m C Marc	h 928	BEN	North	Av	re e
VS	151-REV. 1/1/68		1	18	73	*/	13 0	7. 0					

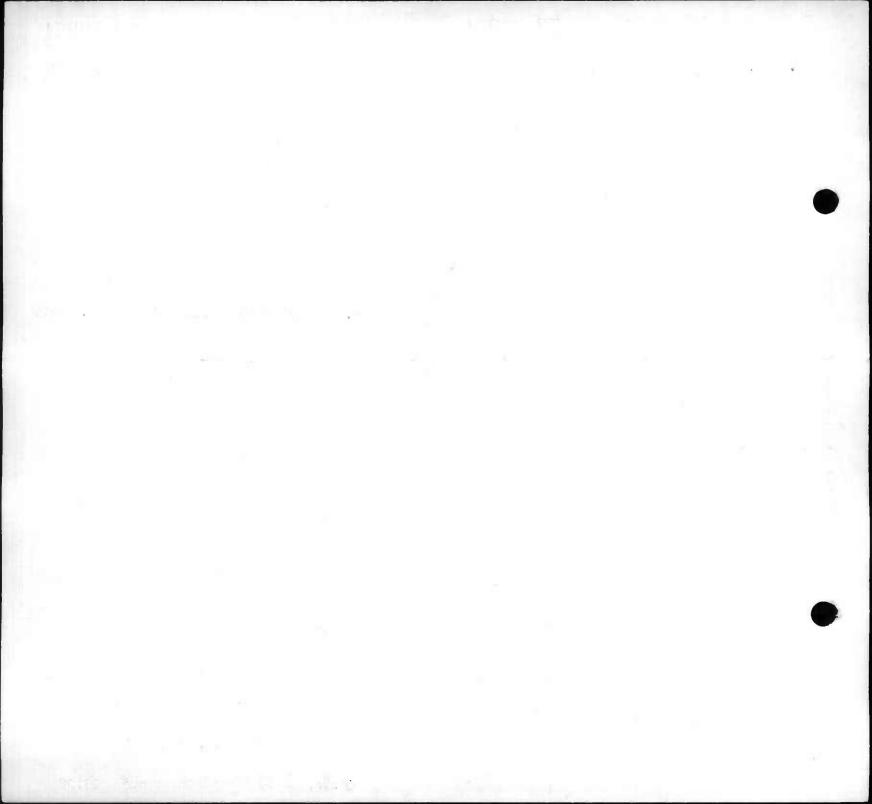


BIRTH NO.	72.0025		Y HEALTH DEPARTMENT	X REG. NO	72 00253
1. NAME OF DECEAS	KARAVASILIS,	STELIANE	JANU	ARY 9, 1972	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR INSTALL OR	TITUTION, GIVE STREET	A. STATE B. COUN MARYLAND C.CITY OR TOWN BALTIMORE E. STREET AND NUMBER 5502 CHANN	D. INSIDE	tution: residence belore odmission) E CITY LIMITS? (ES 2 NO 2
FEMALE C	AUCAS IAN WIDOW			OZ	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
HOUSEWIF		OF BUSINESS OR INDUSTRY	ASIA MINOR-T		12. CITIZEN OF WHAT COUNTRY
	ONDROULIS		CHRISSIE D		
15. Wes Deceased Eve (Yes, no or unknown) (If	r in U. S. Armed Forces? yes, give wor or dates of service	16. SOCIAL SECURITY NO. 219387738	ST AGNES HOSP		2122ADDRESS & WILKENS AVE.
DISEASES OR ise to the dunderLying Country in the death but the disease or control in the death but the disease or control is a second in the death but the disease or control is a second in the death but the disease or control is a second in the death but the disease or control is a second in the disease or control in the diseas	NI CONDITIONS CONTRIBUTING UT NOT RELATED TO THE TERMINA DITION GIVEN IN PART 1 (A).	(c)	A CONSEQUENCE OF:		
19A-DATE OF OP	ERATION 198 CONDITION FOR WAS PERFORMED	R WHICH OPERATION 1B. PLACE OF INJURY (e.g., i	NO	IN CERTIFYING CAUSE	ES OF DEATH?
DEATH (notify med	G CAUSE OF hidicol examiner)	ome, form, foctory, street, o	fice bldg., INJURY OCCUR?		ity, give exact location)
22. I certify that that (XI) (we) los	tXtX(this hospital) attended t sow the deceased alive on the causes stated above.	JANUARY 9 (M) (We) (did) (did/mov). DEGREE Phy	NUARY 5 1- 1972 ond the riew the body after death.	5,84	DRY 9 19 72 on death occurred on the date BB. DATE SIGNED 01 09 72
VICT 24A. BURIAL CREMAT REMOVAL (Speci Burisl	1/12/72 24C.	Greek Orthodox	Cemetery Woo		BALTO, MD, 2122 lown, or county) (State)
JAN 11 97 /S 150-REV. 1/1/68	PARTH DEPT. 258 NAME	7-28	25C. FUNERAL DIRECTOR Witzke, 121630	Edmondson A	venue 21228



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

(1)-426 72 002	BALTIMORE CITY CERTIFICA	HEALTH DEPARTME	NT REG. NO.	50 00054
BIRTH NO.	CERTIFICA	IE OF DEAT	H / KEG. NO	17. 11.15. 10.
(Type or Print)			TE AND HOUR OF DEATH	50
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAO	4. USUAL RESIDENCE	Where deceased lived If i	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION A ODRESS OR LOCATION!	ITION, GIVE STREET	Md Ba	ltimore Co.	5300
Monwersely Hospilal		C. CITY OR TOWN		SIDE CITY LIMITS?
50 /		E. STREET AND NUM		YES NO
30		1211 Rede	sliff Rd-	
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years	If Under 1 Yr., Il Under 24 Hrs.
WIDOWED [DIVORCED	12-53-17	lost birthdoy!	Months Oays Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINO OF	BUSINESS OR INOUSTRY	11. BIRTHPLACE (Stote	or loreign country)	12. CITIZEN OF WHAT COUNTRY?
Saleslady		M		U-S.
13. FATHER'S NAME	(deceased)	14. MOTHER'S MAIOE	N NAME	
Salvatore Hunn	niza_	Con A	alla (d	leceased)
15. Was Occased Ever in U. S. Armed Forces? (Yes. no or unknown) (If yes, give wor or dotes of service)	1 6- SOCIAL	17. INFORMANT	erca .	AODRESS
and the second second second second	SECURITY NO.	Mr. Charles	Walle 1911 F	Redcliff Rd. 21228
18./62./	CAUSE OF DEATH		METTO TYTT I	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		n	- 01	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE saluvare	unoma flu	ug 12ms.
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:	7	
injury or complication which caused death.)				
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, il ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		************************
UNDERLYING CONDITION last.	(C)			
z				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199-DATE OF OPERATION WAS PERFORMED	some			
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES. WERE	FINOINGS CONSIDERED
more Known WAS PERFORMED		No	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	LACE OF INJURY (e.g., in form, factory, street, off	or obout 21C. WHERE	DID (If In Baltimor	re City, give exoci location)
DEATH (notify medical examiner)	, toning tociony, succes on	ice bioggillisoki occi	i K:	
OF INJURY (Month) (Ooy) (Year) (Hour) 21E	NJURY OCCURRED	21F. HOW DI	O INJURY OCCUR?	
(APPROX.)	At Work			
22. I certify that (1) (this hospital) ottended the		1-6	10 7 6 .	1 = 3
that (1) (we) last saw the deceased alive on	1-9		19 <u>5</u> _ta	19.28
and hour and fram the causes stated above. (1)	(Wa) (d)d) (d)d	an Ala I I a fam I	ia rnar in (my) (out)-api	nion death occurred on the date
23A. SIGNATURE	(110) (010) (010 1101) (1	ew the bady offer de	ath.	23 B, OATE SIGNEO
michael P. Buckness	- M.S. Atter		Staff Phys.	1-9-72
23C. PHYSICIAN'S	DEGREE Phys.	Director L 3D. ADORESS	Phys.	
Michael P. Buchn		Universe	In Hospita	1.
24A. BURIAL CREMATION, 248, DATE 24C. NA	ME OF CEMETERY OF CREE		/	ty, town, or county! (State)
REINIO VAL (Specify)	Cathedral		Baltimore, Ma:	
25A. OATE REC'O BY HEALTH OEPT. 25B. NAME OF		25C. FUNERAL DIRE		
JAN 11 1972 Robert & Jak. 7	20 0 0 V	475 800	0.10	ADDRESS
VS 150-REV. 1/1/68	50	Witzke, 1	630 Edmondson	Avenue 21228



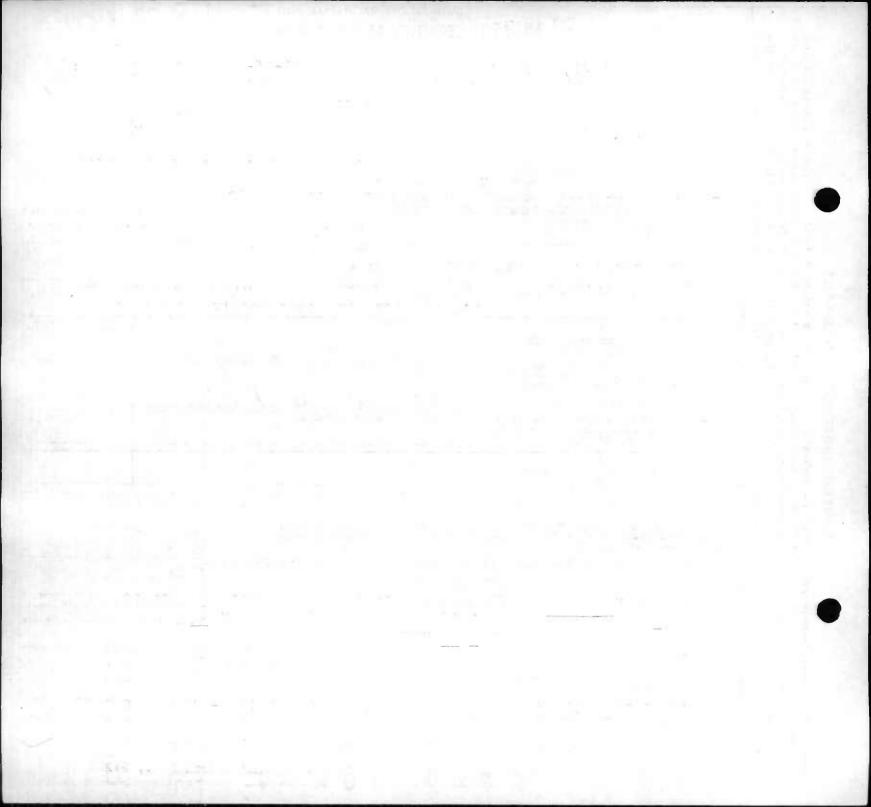
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

10	11-30	00 72	0025	BALTIMORE CITY CERTIFICA			REG. NO.	72	00255
11	RTH NO.			CERTIFICA	TE OF DI				
	ype or Print)	Myrtle V.	White			2, DATE A	1/8/72	rH.	
3.	PLACE IN BA	TIMORE MARYLAND, V		UNCED DEAD	4. USUAL RESID	B. COUN	ro deceased lived. If	institution: 16	M. esidence before admission)
- H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	TUTION, GIVE STREET	Md c, CITY OR TOW	'N	D 18	VSIDE CITY LI	2834 MITES
	00	4929 Westhil	ls Park	way	Baltimos	NUMBER		YES	№ □
5.	SEX	6. RACE	7		-		ls Parkway		
	female	white	WIDOWED		3/12/189	94	9. AGE IIn years lost birthdoyl	Months:	Days Hours Min.
A GO	A. USUAL OCC ne during most of Housewif	working life, even if refired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE		ign country)	Usa.	ZEN OF WHAT COUNTRY?
13.	FATHER'S NA	ME			14. MOTHER'S A	AAIDEN NA	ME		
15. (Ye	Wos Deceosed	Ever in U. S. Armed For	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
				578-07-5485D	Geo. W.	Blanke	enship, Bel	Lmont A	cres, Preston M
CERTIFICATION	(This does in hearl foilure, injury ar can DISEASES (in se la lihunderlying) OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	SE OR CONDITION DIL LEADING TO DEATH hal mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. II CANT CONDITIONS COL H BUT NOT RELATED TO INDITION GIVEN IN PAR OPERATION 198. CON WAS PERI	dying, e.g., the discose, death.) ony, giving stating the MIRIBUTING SE TERMINAL TO (A).	(BY THE TOP OF AS	A CONSEQUENCE	(Yes or No	Part De Y Enge	slage hyse	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH CONSIDERED SEATH?
MEDICAL	OK CONTRIBL	TINO CAUSE OF medical examinar (Month) [Day) (Year)	hom etc.	PLACE OF INJURY le.g., in so, form, foctory, street, all	fice bidg., INJURY	OCCUR?		ore City, give	exect location)
ME	OF INJURY (APPROX.)	13011 (18011		ilo At Not While		M DID IN]	URY OCCUR?		
	that (1) (we) and have and	last saw the decease I from the causes stat	attended to	he deceased from S A Work	19/2	ond the	9 69 to	pinian deat	h accurred on the date
,	23C. PHYSICIA NAME (T	RE N'S Voel	upov Bryson	M Sparce Atter	nding 12 Me	d. D	Staff Phys.	23 B, DATE	SIGNED Jan 72
24/	BURIAL CREATER	MATION, 248, DATE		ME of CEMETERY OF CREA			CATION I	City, town, or	countyl (Stote)
E	Burial	1/12/7		w Cathedral Ce			timore, Ma:	ryland	
25/	JAN11	1972 Robert	E. Jab	PE REGISTRAR	25C FUNERAL WITZKE	. 3	Edmondson	Avenue	ADDRESS

accurate continued field and addition

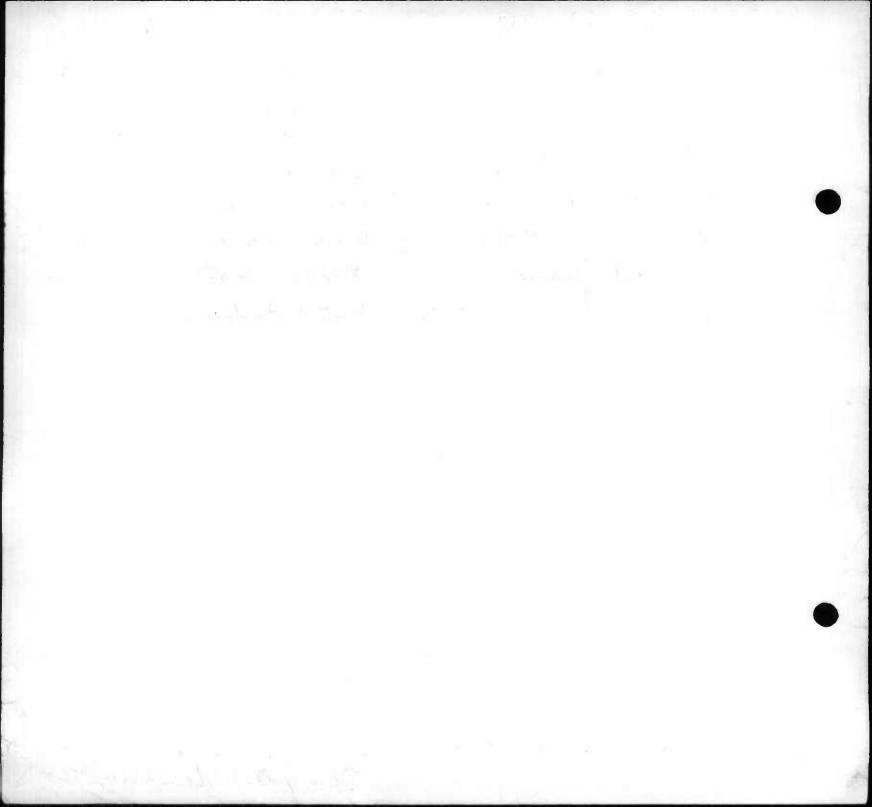
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

1/	2 *7			HEALTH DEPARTMENT		72.00258
V-53	3	0025	6 CERTIFICA	TE OF DEATH	REG. NO	16-111630
NAME OF DEC					AND HOUR OF DEATH	
Type or Print)	VANDITTI G	RACE A	NNA		-10-72	7:00A M.
L PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD		Where deceased lived, if i	nstitution: residence before admission)
ULL NAME OF	OF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	BALTO	100	2834
OSPITAL OR	ST. AGNES			C.CITY OR TOWN	D. INS	SIDE CITY LIMITS?
41	SI. AGNES	позгі	17-6	E STREET AND NUMBE	R	YES X NO .
10				4808 LIND	SAY RD BALT	TO MD 21229
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	CAUCASIAN	WIDOWED		07 09 11	_60	
	JPATION (Give kind of work working life, even if retired)	108 KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEW				MARYLAND		UNITED STATES
FATHER'S NA		1		14. MOTHER'S MAIDEN	NAME	
	ASSININO		simini)	Anna		
. Was Docoused ss, no or unknown)	Ever in U. S. Armed Fe- ult yes, give war or dak	rees? us of service)	SECURITY NO.	17. INFORMANT	WILKENS 8	CATON AVE.
NO			216 36 605		HOSPITAL R	RECORDS
18. 39	8X 1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
UNDERLYING	above cause (A) CONDITION last. II CANT CONDITIONS CO		(c)			***************************************
TO THE DEAT	H BUT NOT RELATED TO 1	HE TERMINAL	Chance			
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	OPERATION 198 CON WAS PER	IDITION FOR	WHICH OPERATION	NO	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	NT WAS UNDERLYING TITING CAUSE OF medical examined	218 hon etc.	ne, farm, factory, street, c	in or obout 21 C. WHERE DI	(il In Boltime	ore City, give exact location)
21D.TIME OF INJURY	(Month) (Doy) (Year)	(Houd) 21E	INJURY OCCURRED		INJURY OCCUR?	
(APPROX)		Wh	ile At Whi	· 🗆		
22. I certify	that ()) (this hospita	l) attended t	he deceased from	2 28		01 10 19 72
	last sow the decease			19 <u>72</u> and	d that In (m)k) (our) op	olnion death occurred on the date
ond hour end	d from the causes sta	ted above.	() (We) (did) (XIX XX)	view the body after dea	th.	
23A-LIGNATU	IRE	0				23B, DATE SIGNED
Jou	ing Soon	dec	M. D. DEGREE Phy		Staff Phys.	Jonuan 10, 197
NAME (T	ype)			23D. ADDRESS		
	G SOON LEE	MD	DEGREE		SPITAL-WILL	
REMOVAL (MATION, 248. DATE Specify)	24C.N	AME of CEMETERY of CR	EMATORY 24	D. LOCATION (C	City, town, or county) (State)
Burial	1/13/		Cathedral Ce		Baltimore, Ma	ryland
JAN 11	1972 CAGAGE	200 600	KAO. ()	Witzke, 16	30 Edmondson	Ave., 21228
S 150-REV. 1/1/	68	1			174	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

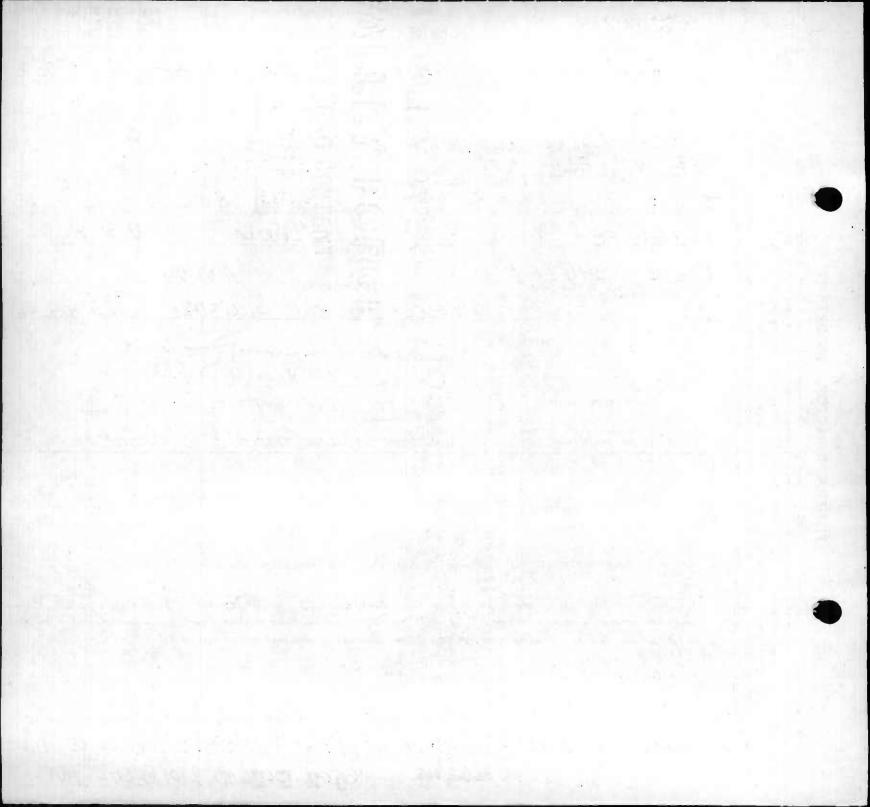
	4-200 72 00257 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 72 00257
	IRTH NO.
	NAME OF DECEASED PRINTY FLOY dhewis 2. DATE AND HOUR OF GEATH JON. 8 = 1972 7A. M.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	939 N. Bradway E. STREET AND NUMBER 939 N. Bradway
<u> </u>	SEV / PAGE
E	Male Colored WIDOWED DIVORCED Hec. 24, 1903 G8 Months Doys Hours Min.
	one during most of working life, even if refired)
100	Frather's NAME U.S. A.
2	Fred Lawis Many Hall
5 6	Wos Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
	No 213-07-1414 HATTIE Hondrews - Shope
5	18. 155.01 CAUSE OF DEATH
3	DISEASE OR CONDITION DIRECTLY
	(This does not mean the mode of dving en (A)IMMEDIATE CAUSE HE PATOMA SMONTHS
	heori failure, asthenia, etc. Il meons the diseose, injury ar complication which coused deoth.)
5	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
	nise to the above couse (A) stating the UNDERLYING CONDITION last. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A-AUTOPSYT (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED.
	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	In Rollmore City also event lecetion
	DEATH (notify medical examiner) lame, form, foctory, sheet, affice bidg., INJURY OCCUR?
	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	TAPPRODE
1	22 I markfur along (I) (Along to markfur along and a second along a second a
	that (1) (we) last saw the deceased alive an Nov 2 19 71 and that In(my) (aur) apinion death accurred on the date
	and haur and from the causes stated abave (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE
	June Bledra MD DEGREE Phys. Med. Director Phys. U/11/77
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	Turner Bledsoe, M.D. The Johns Hopkins Hospital Balto Md 21205
2	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burine 1-11-72 Mr. Auburn Com. Batimone, mil.
2	A DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	JAN 11 19/2 Valley 7002 0 0 962 5 0. Wilson 1000 Brutley fre



BALTIMORE	CITY	HEALTH	DEPART	MEN

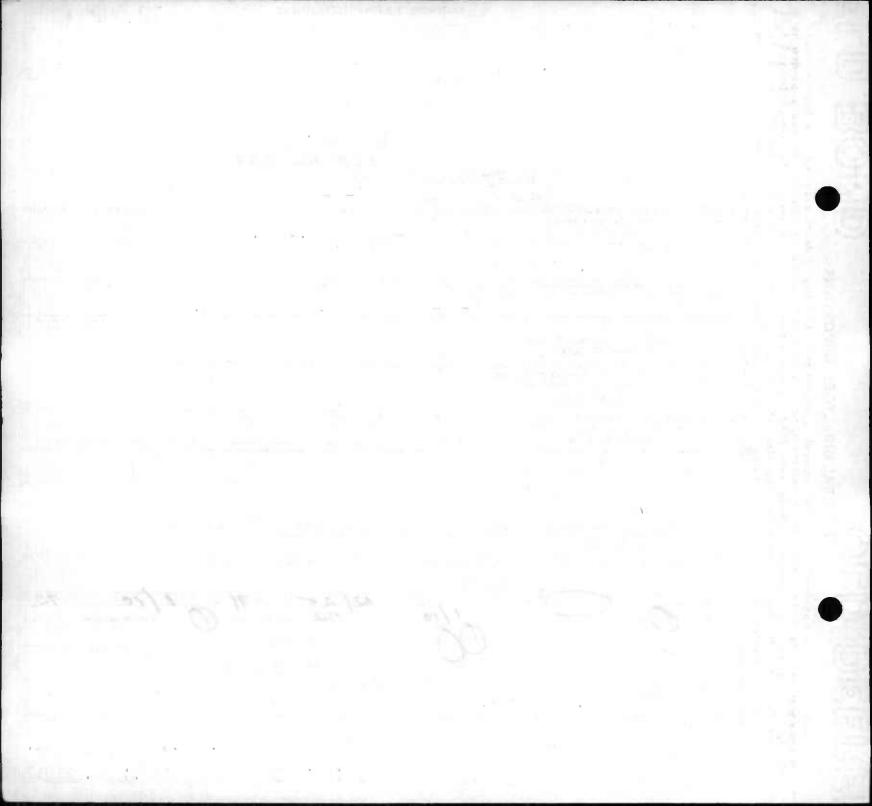
REG.	NO	- 1

	en copeo	BALTIMORE CITY	HEALTH DEPARTMENT		72 110258
	72 00258	CERTIFICA	TE OF DEATH	REG. NO	E Three St.
	RTH NO.	CERTIFICA			
	THE OF DECEASED THE OF PRINTING ROSE ELLER	STOCKSDA	LE JAN.	9, 1972	- 13:30 A. M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins	titution: residence before odmission)
II H	JLL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN) INSI	DE CITY LIMITS?
IN	CENTURY NURSIAL	6 HOME	BALTIMORE E. STREET AND NUMBER	5	YES NO
	102 N. PACA S	7.	2695 DV	LANEY	ST.
5.	SEX 6. RACE 7. MARRI	ED NEVER MARRIED	10	. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	EMALE CAU WIDOW		SEPT. 30,1883	88	
do do	A. USUAL OCCUPATION (Give kind of work 108, KIND ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
1	HOUSEWIFE		MARYLANI)	U.S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	LEESE SHIPLEY			MORAN	
	Was Deceased Ever in U. S. Armed Forces?	e) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	1/0	219105568	HOWARD M. ST	DCHS DAIF	RENZINGER, RE
	18. // / 7 //	CAUSE OF DEAT	H I I I I I I I I I I I I I I I I I I I	343474	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	6	1. 1. 1	20	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL	ise respirat	7) 200	
	(This daes not mean the mode of dying, e heart foilure, osthenia, etc. It means the disea		A CONSEQUENCE OF HEA	It Jan	lung
	injury or camplication which caused death.)	4	1. 4	_ (1)	XX
	ANTECEDENT CAUSES	DUE TO, OR AS	A CONSEQUENCE OF:	2-00	
	DISEASES OR CONDITIONS, if any, given rise to the abave cause (A) stating	ing .	C R	a Anto	0.
	UNDERLYING CONDITION last.	(c) 0 -	o Cere sen	108012	with the same of t
z	II		0 1/		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN		ulitz		
10	104 DATE OF OPERATION 198 CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY! (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
CERTIFI	WAS PERFORMED			IN CERTIFYING CAL	ISES OF DEATH!
A	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct location)
plo	21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2	OF INJURY (APPROX.)	While At Work Not While At Work	e		
	22. I certify that (I) (this haspital) attende		Der 83 11	DO 10 T	Pm 5 1972
	that (I) (we) lost sow the deceased alive of	TA	5 19 2 ond tha	t in (mv) four) opin	nion deoth occurred an the dote
	ond hour and from the couses stated above				
	23A. SIGNATURE	(() A CALLET (GIVE HOI)	new the body offer deoffic		23B. DATE SIGNED
	Augland DA de	execution Atte	ending Med.	Staff Phys.	
1	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	1	Λ
	NAME (Type) Apply	000	6615 News	terson	NI.
24	A. BURIAL CREMATION, 24B, DATE 240	NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (Cit	ly, town, or county) (State)
	REMOVAL (Specify)	TALIZERUM	210N GA	INSTALLOR	appeni on mi)
25	A. DATE REC'D BY HEALTH DEPT. 258. NAM	TOKSOUKE Y	25C, FUNERAL DIRECTOR	KSIDUKO, (ADDRESS
		Jabon M.D.	GEDIN SCH	11/AB 7.101	FRED'K AUE.
VS	150-REV, 1/1/68		100012.309	ויון עווע	17-00- 1100.



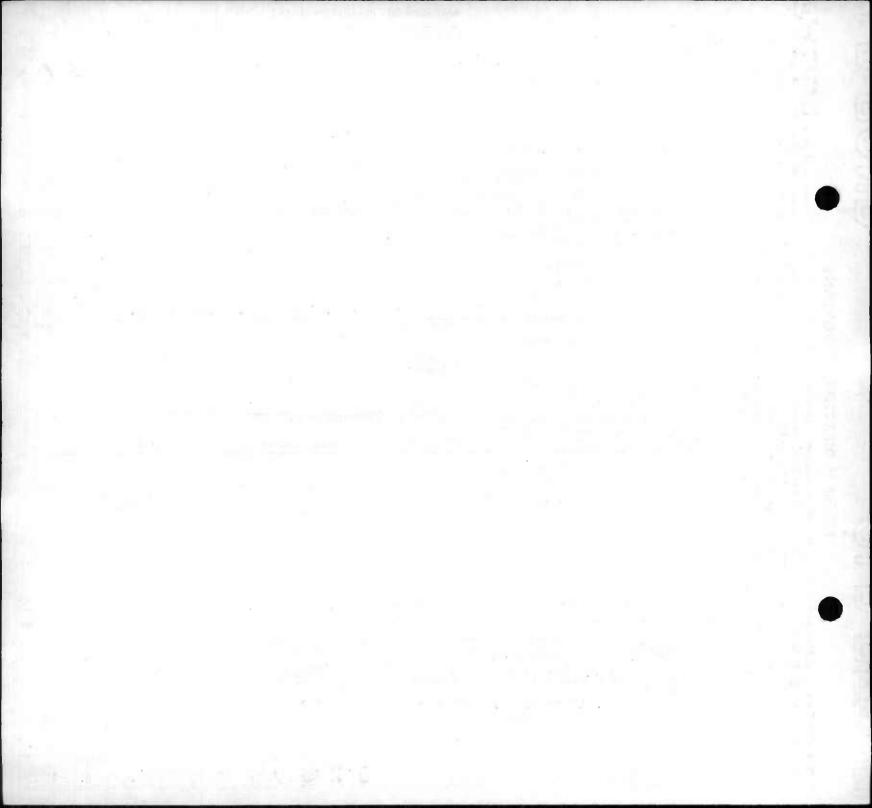
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0 "			BALTIMORE CITY	HEALTH DEPARTM	ENT	72 00259
- 4h	2 79 01	1950	CERTIFICA	TE OF DEA	TH REG. NO.	60= 1/U6=3/U
INAME OF DE	CEASED	1633			ATE AND HOUR OF DEAT	
(Tumer Palan		E. Clar	k		1-10-72	10:25R
3. PLACE IN BA	LTIMORE MARYLAND,	WHERE PRONOL	JNCED DEAD	A USUAL RESIDENCE	CE (Where deceased lived, the COUNTY	I institution; residence belore admission
FULL NAME OF	OF NOT IN HOSPI	TAL OR INSTITU	UTION, GIVE STREET	Maryland		2748
HOSPITAL OR	ADDRESS OR LOC	(NOITA		C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?
3.5				Balto.		YES NO
Mercy	Hospital			E. STREET AND NU		
2/				5670 AL		
Male	White	WIDOWED	DIVORCED	4-17-98	lost birthday)	II Under 1 Y. II Under 24 Hrs Months: Days Hours Min.
	CUPATION (Give kind of working life, even if refired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE IStat	e or foreign country)	12. CITIZEN OF WHAT COUNTR
	sor Merchai		Ward ontgomery-	Balto.	, Md.	USA
13. FATHER'S NA				14. MOTHER'S MAIL	DEN NAME	
	John E. C.	lark			Sara	Brown
15. Was Decease	d Ever in U. S. Armed Fe n) lif yes, give war or dat	rcesi	1 & SOCIAL	17. INFORMANT		ADDRESS
No.	n/ lif yes, give war or oa		70-01-1946A	Mra E	rnestine R.	Clark Same
	0.51		CAUSE OF DEATH			APPROXIMATE INTERVAL
7-1	SE OR CONDITION D	(DECTI Y		Chronic	attructive.	lung disco ONSET AND DEAT
0.30	LEADING TO DEATH		(A) MMEDIATE CAL	P		
This does	not mean the mode o	dying, e.g.,	DUCTO OF AC			-
injury of co	asthenia, etc. It mean implication which cause	s me aisease, d death.)		Octorpolan	the heart dies	~~
	ANTECEDENT CAUSE	S		Outmentin	rillation	
DISEASES	OR CONDITIONS, If	anv. piving	(B) DUE TO, OR AS	A CONSEQUENCE OF	a lucture	
rise to f	he above cause (A)			Mers was de	9 -50.00	
UNDERLYIN	IG CONDITION lest		(c)			
Z	IFICANT CONDITIONS CO	ALITRIDICTIAL C				
TO THE DEA	ATH BUT NOT RELATED TO	THE TERMINAL				
OTHER SIGNI TO THE DEA DISEASE OR 19A. DATE O	CONDITION GIVEN IN PA OF OPERATION 198 CO WAS PE	NOTION FOR I	WHICH OPERATION	20A. AUTOPSY7 (Y	OE OF NO 208, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDI	ENT WAS UNDERLYING	21B	PLACE OF INJURY le.g.	n or about 21 C. WHER	E OID (If in Balti	more City, give exact location)
DEATH Inof	fy medical examined	etc.	ie, form, factory, street, o	mee blogs littlext oc	CORF	
O 21D. TIME	(Month) (Day) (Year) (Haus) 21 E	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
S OF INJURY			ile At D Not While	• [
	1 . 11 / 1 . 1	Wo	IK - AI WOIK	12/25	10 7/ to	1/10 1972
	y that (1) (this hospite		he deceased from			
	last saw the deceas					opinion death occurred on the da
		ated above	(We) (did not)	riew the body after	death.	1028 DATE SIGNIED
23A. SIGNAT		1	Total In	ending Med.	C SWIFT	23B DATE SIGNED
	Allow	J ,	DEGREE Phy	s. Directo	or Stoff Phys.	Jan W.M
23C. PHYSICI	(Type)			23D. ADDRESS	TI a more \$ 4 a 7	
	Dr. N	icann F	Joaquin	Mercy	Hospital	V
24A. BURIAL CR REMOVAL	EMATION, 248. DATE	24C. N.	AME of CEMETERY of CR	EMATORY	24D. LOCATION	(City, town, or county) (State)
Burial		-72 Mc	reland Memo	rial Park	Balto. Co	Md.
25A. DATE REC'		258 NAME		25C. FUNERAL D	IRECTOR	ADDRESS
JAN 11	1972 22.8	8 30.Q	10 0 O	n 121905	Jankins & So	Balto: Md. 2121
VS 150-REV. 1/1	1/68		, , , , , , , , , , , , , , , , , , , ,			



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and JAN 1 1 VS 150-REV. 1/1/68

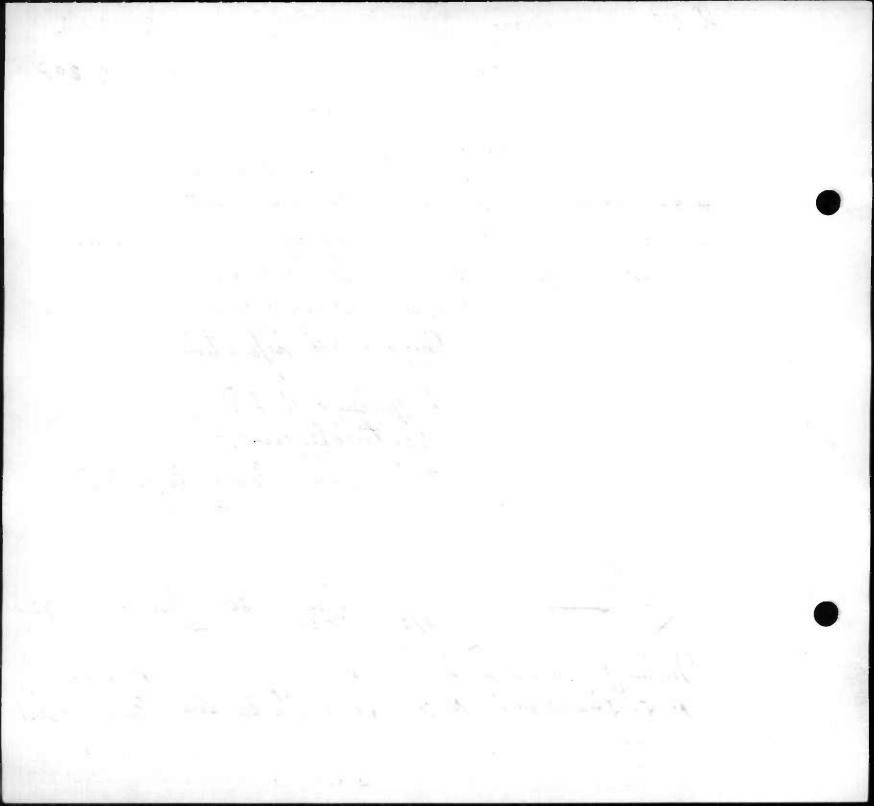
1		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	11269	CERTIFICA	TE OF DEATH	REG. NO	72 00260
1. NAME OF DECEASED (Type or Print)	chael S	6. Blair	2. DATE A	1. 8, 1972	ATH 2 1 6 P. M
3. PLACE IN BALTIMORE, MARYLAND	WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived.	Il institution: residence before admission)
FULL NAME OF (IF NOT IN HO	PITAL OR IN	ISTITUTION, GIVE STREET	Maryland	71411	2768
HOSPITAL OR ADDRESS OR LI	CATION)	STATE HOLL, GIVE STREET	C. CITY OR TOWN	D.	INSIDE CITY LIMITS?
00			Baltimore		YES NO
6305 Mayflov	ver Ro	pad	6305 Mayflo	Wen Road	21212
5. SEX 6. RACE	7. 88 A DE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
MW	WIDO	MED TO DIVORCED	9-18-1886	lest birthday) 85	II Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retire	vork 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
President		r & Sons, Inc.	Maryland		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	33.1
Joseph Bla	ir			Ann	
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give war or o	forces?	SECURITY NO.	17. INFORMANT		ADDRESS 21204
No		218-14-6778	Mr. Flmer	. I Blair	31 E. Seminary Ave
18. 2 0 0 0		CAUSE OF DEAT	H /	O. Dian	APPROXIMATE INTERVAL
DISEASE OR CONDITION	DIRECTIV		N		BETWEEN ONSET AND DEATH
LEADING TO DEAT		4.49.44504475 6411	and some	14 K/2-	here Suddans
(This does not mean the mode	of dylng,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	1000	miles remains
heart failure, asthenia, etc. It med Injury or complication which caus	ins the dise	use,	- Huper	lenze	
ANTECEDENT CAU		desta	uxolle.	1.1.	11/1/2/10
DISEASES OR CONDITIONS,		(B) DUE TO OR AS	A CONSEQUENCE OF:	uccar	Ren 102 The
rise to the obove cause (n court contract on	19	
UNDERLYING CONDITION last.		(c) 1) lest	y poseu	ar he	elace 0
_					
OTHER SIGNIFICANT CONDITIONS (CONTRIBUTION THE TERMIN	NG IAL			
DISEASE OR CONDITION GIVEN IN	PART 1 (A).	100-00-00-00-00-00-00-00-00-00-00-00-00-	1204 411500000 (V	1.11.000 10 110	***************************************
WAS	ERFORMED	OR WHICH OPERATION	20A. AUTOPSYT (Yes of		ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING FI CAUSE OF		21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	at about 21C, WHERE DID INJURY OCCUR?	(if in Bol	timore City, give exact lacation)
0					
2 OL INJOKE	or) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		While At Work Not While At Work	· 🗆		
22. I certify that (1) (this hospi	tal) attend	ed the deceased from	# ONT	194/7 ta	8 VD 41211972
that (1) (we) tast sow the dece			27 - ond	hat In (my) fam)	opinian death occurred on the date
and haur and from the causes s					
23A. SIGNALURE		- () (and) (and) (and)	ien ive noch otiet degiv	•	23B, DATE SIGNED
10/2 - 1	70	1 and Se and Afres	nding Med.	Stoff [1/11/22
23C. PHYSICIAN'S	100	Dunt totales Shys	Director L	Staff Phys.	1111110
NAME (Type)	anles	F. O'Donnell	23D. ADDRESS	Doort	
		DEGREE	7501 York	Koad	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)		C. NAME of CEMETERY OF CRE	ardens I	LOCATION	(City, town, or county) (State)
Burial 1-12	- 72	Dulaney Valley	Memorial	Timoni	um, Md.
25A. DATE REC'D BY HEALTH DEPT.		AL OF REGISTRAR	25C. FUNERAL DIRECTO	A D	223900.4
JAN 1 1 1972 Q.A.	1 273	a Zne D	4905	ins a sor	ns Co. Balto., Md. 21212



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the virten approval must be obtained before the remains are embalmed or final disposition is made.

BALTI	MORE CITY HEALTH	DEPARTMENT		
CER	TIFICATE OF	DEATH	REG. NO	04
3-1-	(701)	2. DATE AND	HOUR OF DEATH	

P-125 20 72 0026	, ,	TE OF DEATH	REG. NO	72 00261
INAME OF DECEASED	CERTIFICA		AND HOUR OF DEATH	
(Type or Print) John George	Pipkin (Pep		uary 9, 19	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON			here deceased lived. Il in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) INSTITUTION	TUTION, GIVE STREET	Maryland c. CITY OR TOWN		IDE CITY LIMITS?
The state of the s		Baltimore	D. 1143	YES AND NO
Church Home & Hos	pital	E. STREET AND NUMBER		
		331 S. Che	ster Stree	t Reference
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday),	If Under 1 Tr. II Under 24 Hrs. Months: Doys Hours Min.
Male White WIDOWE	DIVORCED	10/15/1900		Normal Doys Roots Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND (done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or le	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Repair	Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
George Pipkin (Pepka)	Frances H	Biniak	
15. Was Deceased Ever in U. S. Armed Forces? (Tes,no or unknown) (III yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No – 2		Mr.Edward H	Pipkin, 1621	Searles Road
LEADING TO DEATH (This does not meen the made of dying, e.g. heart lailure, asthenia, etc., it means the disease injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving tise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 10 CONTRIBUTING 10 CAUSE OF 10 CONTRIBUTING 10 CAUSE OF 10 CONTRIBUTING 10 CAUSE OF 10 CA	(B) DUE TO OR AS (C) 3-17 WHICH OPERATION B. PLACE OF INJURY (e.g., in me, form, foctory, street, off	A CONSEQUENCE OF: A CONSEQUENCE OF: LEVY CLES OF SELLY CRUSS 20A. AUTOPST? (Yes or or obout) [21 C. WHERE DID	Cr cr lery of	FINDINGS CONSIDERED USES OF DEATH? The City, give exact location)
= IOF INJURY	E INJURY OCCURRED	21F. HOW DID II	JURY OCCUR?	
₹ (A PRECY)	hile At O Not While At Work			1
22. 1 certify that (1) (this hospital) attended		- lan	1950 to	an 9 10 77
that (1) (ast saw the deceased alive an.		19 72 and		nian death accurred on the date
and haur and fram the causes stated abave.	(1) (We) (did) (did not) vi			The second secon
Melew J. Januar	1:1.10	ding Z Med.	Stoff Phys.	238, DATE SIGNED
23C. PHTSICIAMS NAME (Type) MI, Y, TAWOBSKI	M, 0: DEGREE	3D. ADDRESS (2)	ten line	, Bat ry ha
24A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify)	AME OF CEMETERT OF CRE	MATORY 24D.	LOCATION (Ci	ty. town, or county) (Stote)
Burial 1/13/72 St	. Stanislaus	Ba	altimore,	Maryland
	OF REGISTRAR	OF SADOWS	OR .	ADDRESS
VS 150-REV. 1/1/68				



7 20 00000	BALTIMORE CITY	HEALTH DEPARTMENT		72 00262
4-695 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	14 00000
1. NAME OF DECEASED		2. DATE A	AND HOUR OF DEATH	
(Type or Print) FREEMAN, HENR	YH	JAI	NUARY 6, 1	972 , 2:15P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP		4. USUAL RESIDENCE (WI	nere deceased lived, If i	institution: residence before admission
FULL NAME OF HOSPITAL OR INS ADDRESS OR LOCATION) ADDRESS OR LOCATION)	TITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	In IN	SIDE CITY LIMITS?
LLA ST. AGNES HOS	DITAL	BALTIMORE	J. 114.	YES KOK NO T
40 SI. AGINES 1903	FITAL	E. STREET AND NUMBER		ico Ci.
		712 Huntir	ng Place	
5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours: Min.
MALE CAUCASIAN WIDOW	DIVORCED	01/17/10	last birthdayl	Months Days Hours Min.
IOA USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of for	reign country)	12. CITIZEN OF WHAT COUNTRY?
MECHANICAL ENGINEER U.S	.GOVERNMENT	MARYLAND		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
HENRY FREEMAN		IDA HERPEL	FREEMAN	
15. Was Decaused Ever in U. S. Armed Forces? (Yes, no or unknown) [(If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NONE	SECURITI NO.	ST. AGNES	HOSPITAL R	FCORDS
18.	CAUSE OF DEAT		1031 TIAL N	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	0	spor. fo	eluse	BETWEEN ONSET AND DEATH
LEADING TO DEATH				
(This does not mean the mode of dying, e.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the diseast injury or complication which caused death.)	•,	-0 0	Johopus	
ANTECEDENT CAUSES		of goo	Joney	10 mg
DISEASES OR CONDITIONS, if any, givin	(B)	A CONSEQUENCE OF:	0	
rise to the above cause (A) stating 11	10 DOE 10, OK AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)		****	***************************************
z	0	1		—
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3	mysky sem	a- av	rec
DISEASE OR CONDITION GIVEN IN PART 1 (A).		deda o		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WAS PERFORMED 214. ACCIDENT WAS UNDERLYING.	WHICH OPERATION	20 A AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Baltimo	re City, give exact location)
Z DEATH (notify medical examiner)	ome, form, foctory, street, of	ice bidg., INJURY OCCUR?		
OF INJURY (Month) (Doy) (Year) (Hour) 2	IE INJURY OCCURRED	21F. HOW DID IN	IIIBY OCCUR?	
E OF INJURY	Vhile At Not While		JORI OCCOR:	
The state of the s	TOIR AT TYOIR			
22. I certify that (i) (this haspital) attended		ANUARY 6	19 /2 to JAN	UARY 6 19 /2
that (I) (we) last saw the deceased alive on	JANUARY 6	19 <u>72</u> ond t	hat in(my) (our) opi	inion death occurred on the date
and haur and from the causes stated above.	(I) (We) (dld) (dld not) v			
23A. SIGNATURE				23B, DATE SIGNED
1	Ohum	nding Med.	Stoff XX	
23C. PHYSTCIAN'S	OF OREE!	23D. ADDRESS BALT	IMORE MAR	VIAND 21220
JOSE APTER	MD	ST. AGNES HO	SPITAL; CAT	ON & WILKENS AVES
	OFGREE			
REMOVAL (Specify)				ity, town, or county) (State)
	New Cathedr			, Maryland
AN 1 1 1072 P. C. P. Z. C.	OF REGISTRAR	25C. FUNERAL DIRECTO	chwab 515	1 Balto Nat!1.
/S 150-REV. 1/1/68	Le Mill	0 1. 0 1		Pike

pital and of death Deceased

Such

eath.

E O

hospital attendance (5) cause O (4) Undetermined cause; 10 prior contributing occurred made. in regular deceased death Sposition 10 Was the direct IMPORTANT death UO 0 kind; final attendance any pronounced 90 embalmed fracture of FUNERAL DIRECTOR: 9 regul who are 4 3 physician the remains Was Body burns; No physician the 0 obtained before any nature; (2) where the body was released to the hospital shows: (1) An accident of any nature; (2 9 approved (except and

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death)

2

prior

pespese 0

decease

hospital

8

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certificate

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) William F. Wissel 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore City Hospitals YES NO X 4940 Eastern Avenue E. STREET AND NUMBER 6031 Baltimore, Maryland Burnt Oak Road 21228 5. SEX 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Ta Il Under 24 His. Hours Male Caucasian WIDOWED DIVORCED 7-6-1909 62 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) New Jersey City Hospital U.S.A. Laundry Manager 14. MOTHER'S MAIDEN NAME Albert Lillian 15. Was Deceased Ever in U. S. Armed Forces? (Tes,no or unknown) (If yes, give wor or dates of service) 1 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 138-26-4356 Records: BCH-4940 Eastern Avenue 21224 CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ((A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED YES 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME (Month) (Doy) (Teor) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) Work 22. I certify that (1) (this hospital) attended the deceased from 19 72 to that (1) (are) last saw the deceased alive an 1972 and that in(my) (out) apinion death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending Stoff Phys. Director 23C. PHTSICIAN'S NAME (Type) 23D. ADDRESS 4940 Eastern Avenue, Baltimore, Md. W.L. Ramseur DEGREEBaltimore City Hospitals 24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERT OF CREMATORT 24D. LOCATION (State) Somerville, N.J. 258, NAME, OF REGISTRAN 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved the body was released to the host shows: (1) An accident of any natuwas D.O.A. at a hospital (except deceased prior to death); and (6) written approval must be obtained	

1	11		BALTIMORE CITY	HEALTH DEPART	MENT				
0-2	71 72	111158		TE OF DEA		REG. NO.	100	0 00004	
INAME OF D			CLKTITICA					- mor 04	
(Type or Print)		14	0.00	I		D HOUR OF DEAT			
3. PLACE IN B	ALTIMORE MARYLAND, V	Mary	O'Sullivan	VIA MENAL RECIPE	Jan.	5th, 19	72		M.
or reace in a	ALIMONG MARIEMAD, V	WHERE PRONC	UNCED DEAD	A. STATE	B. COUN	ie deceased lived. II ITY	institution:	residence belore odm	ission
FULL NAME C	F (IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Marylar	nd			1200	the
HOSPITAL OR	RTIPESORIOS	TE A	MENDER	C. CITY OR TOWN		D. IN	SIDE CITY	LIMITS?	
35	07 N. Charle	L Str	WICHDEL	Balto			YES X	NO 🗌	
00	or he onalle	S DITE	2-9-72	E. STREET AND N		_			
				350/ N.	Cha	rles St.			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	2	9. AGE (In years lost birthday)	II Unde	er I Yı. If Under 2 Doys Hours A	Min.
Fema 1		WIDOWED		Sept.15.	190	70 69	, , , on , is	Doy's 11001s	VIII.
done during most	CUPATION (Give kind of world) working life, even if retired)	IOB KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	ote or forei	gn country)	12. CIT	ZEN OF WHAT COL	UNTRY?
0.44	naker			Polto	14.4			USA	
13. FATHER'S N	AME			Balto.	MC .	AE		USA	
The	os. J. McGra	in		NIA TOTAL	-LIT HAN	***			
			13 / 20 01 21	Mary Tan	yne				
(Yes, no or unknow	ed Ever in U. S. Armed For	s of service)	1 6. SOCIAL SECURITY NO.	17- INFORMANT				ADDRESS	
no			214-38-0216	Mr. D.C	hest	er O'Sull	iron	(Husband	1)
18.	0.91		CAUSE OF DEAT		11000	CI C Dal.	LIVall	APPROXIMATE INTER	RVAL
DISE	ASE OF CONDITION DI	RECTLY	Buck	Coronn	_ +		. 1	BETWEEN ONSET AND	
	LEADING TO DEATH		A A DIMEDIATE CAN			DADWA OL		1/2 hr	
heart failure	nat mean the made of , asthenia, etc. It means	dying, e.g.,	244222	A CONSEQUENCE OF	:	***********		**************	
injury or co	mplication which caused	death.)							
	ANTECEDENT CAUSES								
DISEASES	OR CONDITIONS, if	any, giving	(B)	A CONSEQUENCE O	F:				
rise to 1	he above cause (A)	slating the							
UNDERLYIN	IG CONDITION last.		(c)						
Z	- 11								
E TO THE DEA	IFICANT CONDITIONS COLLING BUT NOT RELATED TO THE	HE TERMINAL					- 1		
DISEASE OR	F OPERATION 198 CON	T Ι (Δ).	WHICH OPERATION	1204				**************	1000
19A. DATE O	WAS PERI	FORMED	WHICH OPERATION	20A. AUTOPSY? (Y	es or No	IN CERTIFYING CA	FINDINGS AUSES OF	CONSIDERED	
U 21A. ACCID	ENT WAS UNDERLYING) 21R	PLACE OF INJURY (e.g., in	as about 21 C. WUED	f plp				
	UTING CAUSE OF	hom etc.	e, form, toctory, street, of	ice bldg. INJURY OC	CCUR?	(It in Boltimo	re City, glv	e exoct location)	
Ol									
21D. TIME OF INJURY	(Month) (Doy) (Yeo)		INJURY OCCURRED	21F. HOW	חנאו פום	JRY OCCUR?			
(APPROX)		Whi	ile At Not While						
22. I certif	y that (1) (shis hospital	attended t	he deceased from	,2-19	10	of 2.	1	5 19 7	7
	lost saw the decease		11-19	10 7/		,			
			\ /11 \ \ / 10 \ \ /		and tha	t In (my) (ver) o p	inion deat	th occurred on the	date
23A. SIGNAT	nd from the couses stat	ed above. (I) (************************************	ew the body ofter	deoth.				
	7		Attac	dina che se stad			23 B. DAT	E SIGNED	
22.0 21/11/2			DEGREE Phys.		or L P	Phys.	1	1-6-7	2
23C. PHYSICI NAME (Type)	4.0	2	3D. ADDRESS			-4		
	M.Friedman	n M.D		5211 Harf	ord I	Rd. M.	1-	11n -21) /11
24A. BURIAL CR REMOVAL	EMATION, 248, DATE		ME of CEMETERY of CRE	MATORY		CATION (C	ity, town, o	countyl (Sto	otel
	1/0/2	0 0			_	4.1			
Burial 254 PARE RECT	DAY HEALTH DEPT.	258 NAME C	thedral Cem	25C. FUNERAL D	Ba	alto.		ADDRESS	
JAN 11	THE USE SE	Sanden.	40 0 0 0	Mitchel	1-Wie	edefeld H	ome	ADDRESS	
	/6B			650	o Vo	rle Pd			

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the body was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance an the deceased prior ta death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

11	1 105 72 0000	BALTIMORE CITY	HEALTH DEPARTMENT		
PID	-60/0	CERTIFICA	TE OF DEATH	REG. NO	22 00205
1, N	NAME OF DECEASED		2. DATE A	ND HOUR OF DEAT	тн
(Ту	pe or Print)	E Pass F	1-1	5 7 7	1755 Pm M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU		institution: residence before odmission)
FU	ILL NAME OF (IF NOT IN HOSPITAL CONTINUES OR LOCATION STITUTION	R INSTITUTION, GIVE STREET	C. CITY OR DOWN	D. 11	NSIDE CITY LIMITS?
			Baltimore		YES NO
C	71 Keswick		E. STREET AND NUMBER		
			46 12 Rola	ind ave	
S. :	SEX 6. RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
		DOWED DIVORCED	9-24-1885	86	
	A. USUAL OCCUPATION (Give kind of work 10B. ne during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
1	Domestic 1	Rostamont	Battimore		USA
13.	FATHER'S NAME	1 Carolina C	14. MOTHER'S MAIDEN NA		
	20 100		R. St		
15.	Was Deceased Ever in U. S. Armed horces?	1 6. SOCIAL	17. INFORMANT	umph	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO.	10		4 Hich
	NO.	218-14-764	o Neswick	l'écords	700 W 40" ST.
	18. 437.71	CAUSE OF DEAT	Α .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	1 to he Brest	1/1/11/1		-04
	(This does not mean the mode of dying	(A) IMMEDIATE CAI	A CONSEQUENCE OF:	640812	2 mm 122
	heart failure, asthenio, etc. It means the	diseose,	A CONSEQUENCE OF.		
	ANTECEDENT CAUSES	A. Jana	- (0	1	(ura
		(B) NOV PONCE	A CONSEQUENCE OF:	KILOVOSCU IN	(Brooks & 21 2
	DISEASES OR CONDITIONS, if any, rise to the obove couse (A) state	9111119	On Lander	1	9 115
	UNDERLYING CONDITION last.	(C)	2 KOOS IN	ugiz	1 413
7	ll ll		-7.7.1		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE				
ICAT		Δ),	20A. AUTOPSY? (Yes or N	Val 208 IE VEC 14/05	DE EINDINGS CONSIDERED
ERTIFIC	WAS PERFORM		ZUM. AUTOPSTY (Tes of I	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CER	21A. ACCIDENT WAS LINDERLYING	21B. PLACE OF INJURY (e.g.,	n or chout 21C. WHERE DID	Of In Rollin	nore City, give exact location)
AL C	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(II In solitin	note City, give exact location)
U					
AEDI	OF IN HIDY		21 F. HOW DID IN	JURY OCCUR?	
Z	(APPROX.)	While At Work Not Whi			
	22. I certify that (I) (this hospital) att	ended the deceased from F	eb. 4	1966 to JA	N 5 1977.
	that (1) ((we) last sow the deceased of	per Property			pinion deoth occurred on the dote
	and hour and from the couses stated o				
	23A. SIGNATURE	(10,000			23B. DATE SIGNED
	1 6. Com 1 D	Ath Ath	ending Med.	Staff Dhara	5 Tail 1922
	23C. PHYSICIAN'S	Wichall CO D DEGREE Phy	s. Director 23D. ADDRESS	Phys. L	12 9UN 1716
	23C. PHYSICIAN'S NAME (Type)				
0.4	Aubrey D. Richard		700 W. 40th	-	(6)
24/	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR			(City, town, or county) (State)
	Burial 1/8/72	Holy Redeemer		elair Rd.	Balto Md.
25/	A. DATE REC'D BY, HEALTH DEPT. 258	NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
1	TT BAT GEORGE C	ulley & D. O O	OTTORUBET MILE	edeletq Home	e 6500 York Rd.
VS	150-REV. 1/1/68				

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and VS 150-REV. 1/1/68

	1 :-	,		BALTIMORE CITY	HEALTH DEPARTMENT			79 10112	CR
RI	H-55	6 72	0026	G CERTIFICA	TE OF DEATH	REG. I	NO		1919
1,1	AME OF DECE	ASED .	. 0	1		AND HOUR OF	DEATH		
_	pe or Print)	William	X	Andr	ews	1-3-	72	1 8:	15 PM
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased liv	ed. Il institution	: residence befor	e admissian)
FU	ILL NAME OF	OF NOT IN HOSPITA	AL OR INSTI	TUTION, GIVE STREET	Md. Bal	to		110	2
IN	STITUTION	ADDRESS OR LOCA	ION		C. CITY OR TOWN		D. INSIDE CITY	LIMITS?	
12	MAN.			1 1	Baltimore E. STREET AND NUMBER		YES E] ON	
0	111/6	RCY 1	1050	ITAL	524 N. Charl				
	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yes	ors If Un Month	der 1 Yr. If U	nder 24 Hrs.
	ale	White	WIDOWED		12-11-1901	last birthdayl			
dor	e during most of w	PATION (Give kind of work orking life, even If retired)	108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12, C	ITIZEN OF WHA	T COUNTRY
		Agent	Ins	urance	Pittsburgh,	Pa.		USA	
13.	FATHER'S NAM				14. MOTHER'S MAIDEN N				
		Wm. L. Andr			Martha Pi	per			
15. (Ye	Was Deceased s, no or unknown)	ever in U.S. Armed Force (If yes, give wor or doter	es? of servicel	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
1	Wil			13/07-2131A	Charles Cobb	116 E. 25	th Stree	t	
	18. 4	XI		CAUSE OF DEAT	H			APPROXIMAT	EINTERVAL
		OR CONDITION DIR	ECTLY		0 - 1: P	• 3		1 .	
		t mean the mode of	dvina. e.a.	(A) IMMEDIATE CAU		allure		4 hou	rs
	heart failure, a	sthenia, etc. It means lication which caused	the disease	DUE TO, OR AS	A CONSEQUENCE OF:				
		NTECEDENT CAUSES	0001112		Renal Fai	ilure		l da	7.5
	DISEASES OF	CONDITIONS, If o	ny, giving	(B)	A CONSEQUENCE OF:		**********	I da	У
	rise to the	above cause (A)	stating the		Massive pne	eumonia		3 d	avs
	ONDERLING	CONDITION IGST,		(C)	4	*****************			
NO	OTHER SIGNIFIC	II CANT CONDITIONS CON	TRIBUTING						
ATIC	TO THE DEATH	BUT NOT RELATED TO THE	E TERMINAL	*****************	ASCVD, chron-	ic ETOHis	n	yea	rs
CERTIFICATION		PERATION 198 CONE	MION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or		WERE FINDING	S CONSIDERED)
CE	21 A. ACCIDENT	WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID	(If In 1	Boltimare City, a	ive exact lacation	n)
4	DEATH Inotify I	medical examined	hot	ne, form, factory, street, of J	fiee bidg., INJURY OCCUR?				,
MEDIC	21D. TIME	(Month) (Doy) (Year)	(Hour 211	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?			
\$	OF INJURY (APPROXI		W	hile At At Work	• 🗆				
	22. 1 certify t	hat (1) (this hospital)			7- /	_19_/8to	/-	2	19 72
		ast sow the deceased			19 72 and	that In(my) (or			
					lew the body after death		n opinion de	orn occurred (on the dote
	23A. SIGNATUR			,, ("e, (ala) (ala hoi) v	lew the body diter death	10	23 B. D.A	ATE SIGNED	
	14 <	ente	- /	WD DEGREE Phys	nding Med. Director	Shaff Phys.			
	23C. PHYSICIAN NAME (Typ	(S e e e e e e e e e e e e e e e e e e	114		3D. ADDRESS				
	71.6		oin	DECTE	Mercy Hos	pital			
24A	BURIAL CREM	ATION. 2 S. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION	(City, town,	ar county)	(State)
	Crematio	n /-6-72		reenmount Crema	tory Gr	eenmount	Ave Bal	Lto. N	Md.
25A	DAJANET	HOTO DEAU P	STINAME	A LEGISTRAR	25C. FUNERAL DIRECTO	DR .		ADDRESS	

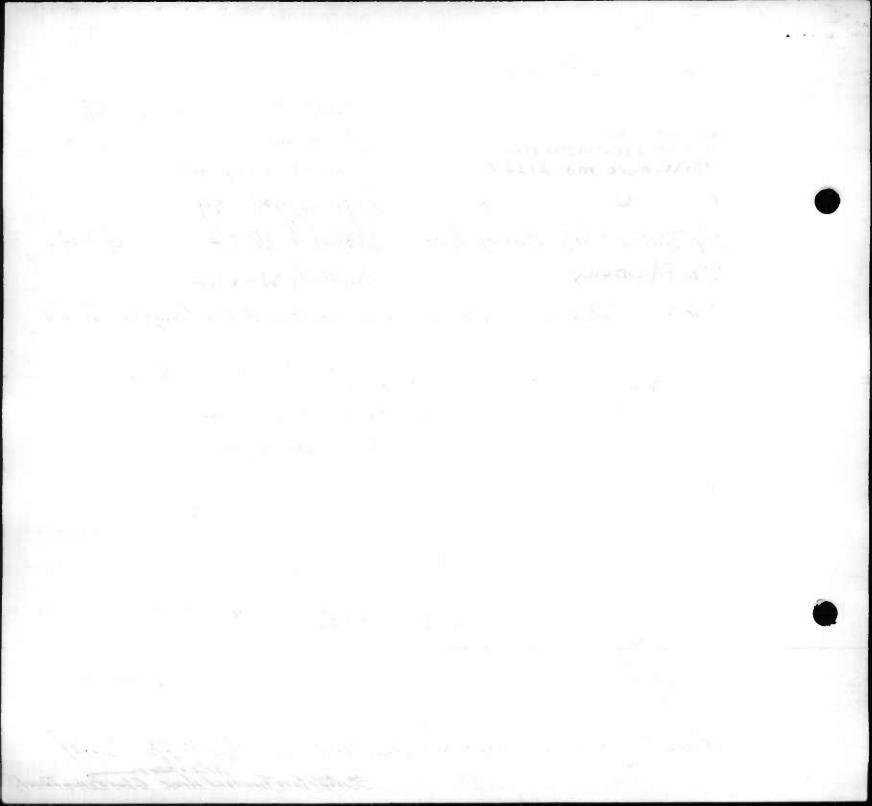
Mitchell Wiedefeld Home 6500 York RD.

92.77

All and District Little 2 1 1

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	7 155	BALTIMORE CITY	HEALTH DEPARTMENT	~	
BIDT)-655 72 NA267	CERTIFICA	TE OF DEATH	REG. NO.	72 111267
1, N.	AME OF DECEASED			D HOUR OF DEATH	
(Тур	mks Bessie Orm	an		0-72	10.110 0.
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If instit	tution: residence before odmission)
HO	L NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MATY/AMO	ANNE	Arandal. 5200
M	God Con Valescentt		pinthicum.		ES NO N
5	313Ed mondson AV	e	E. STREET AND NUMBER		
1	Baltimore md. 2/2.	29	5 28 Ship	ley Rd.	
5. SI	MAK	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	onths: Doys Hours Min.
F		WED DIVORCED	HUGUST IV, 1882	89	
done	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if setired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Ne	9. Murse (Net) Mui	sing Home	Mineral (e. Ll	· UA-	4. S.A.
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE.	
W	m. Hbemathy		Elisabeth W.	ax ler	
(Yes,	Vos Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no none	215-24-9268	Mrs. Christing	E. Tice (does	cultur) 125 #4
	18. 4/2,41	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
	1This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	SE OUTE A	Up many fuy	
	hearl failure, asthenia, etc. It means the disc injury ar camplication which caused death.)	OSP.	MA		
	ANTECEDENT CAUSES	in a ma	SMITSCLENGELD	Dans	
	DISEASES OR CONDITIONS, il any, gi	ving DUE 10, OR AS	A CONSEQUENCE OF:	CHILLIA CO.	***********************
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(c) (////	CULAR BISER	14	
	11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL			
	PA-DATE OF OPERATION 198 CONDITION F	*******************************	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	ONICE CONCIDENCE
Ē	WAS PERFORMED		NI	IN CERTIFYING CAUSE	S OF DEATH?
	RIA. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, aff	or obout 21 C. WHERE DID	(If In Boltimore C	ity, give exact location)
10	DEATH (notify medical examiner)	etcJ			
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) DF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
1	(APPROX.)	While At Not While At Work			
2	22. I certify that (1) (this hospital) attend	ed the deceased fram	1/29 19	7/10/-/	0 1972
	hat (i) (we) last saw the deceased alive	4 0	7.4	- /	n death accurred an the date
0	and hour and fram the causes stated abov	e. (1) (We) (did) (did nat) vi			
2	3A. SIGNATURE	2			B. DATE SIGNED
	tely With	GEGREE Phys.	Med. Director P	hys.	1-10-72
	CO.PHYSICIAN'S NAME Hype)	2	3D. ADDRESS		
244	BURNAL CREATANION IS TO STATE	/ DEGREE			
	BURIAL CREMATION, 248, DATE 24	NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City, 1	lown or county) (State)
254	DATE REC'D BY HEALTH DEPT. 1258 NAME	PART HILL PR	actory pro	chtys Not	N 149.
23A.		Rea ACD	25C FUNERAL DIRECTOR	Marine	ADDRESS
VS 15	50-REV. 1/1/68		Singleton h	merny Hone	Christen Pary



MEALTH DEDARANTA	7
HEALTH DEPARTMENT	/

5-140 BALTIMORE CITY HE MEDICAL EXAMINER'S C	
BIRTH NO.	REG. NO.
I. NAME OF DECEASED THOMAS DUVALL	2. DATE Known A Month Doy Year Hour OF DEATH Estimoted D January 8, 1972 11:10 P
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M.
CITED TO SETTIMORE, MARTEAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD January 8, 1972 11:10 P.M.
University Hospital	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence befare admission) A. STATE B. COUNTY
	Maryland Anne Arundel
S. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED DI	Gambrille YES NO
April 21, 1904 last birth () Manths, Doys, Haurs Min.	BOX #2 . TULIP HILL
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
HARTLAND U.S.A.	SAMUEL O. OUVALL
4A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	
MECHANIC (PPt.) CIVIL SERVICE 6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	VIRGINIA WADE 18. INFORMANT ADDRESS Maryland
Yes, na or unknown) (If yes, give war or doles of service) ND	MRS. ELSIE LANHAM (daughter) Crownsville,
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Smoke inhelation
heart follure, osthenio, etc. it meons the disease,	AUSE Smoke inhalation IS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Conflagration AS A CONSEQUENCE OF:
(c)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	C PERCONALD
2	S PERFORMED 21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., hame, farm, foctory, street, affice	In or phout 22C WHERE DID (II is Reltimore City, she exect levelies)
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Haur) 22E.INJURY OCCURRED	Gambrille, Maryland
I OF INJURY	while K Found in burning house
23. I certify that I held on Inquiry Inspection Aut	
resulted from: Notural courses Accident X Suicid	
011000	CHIEF MEDICAL EXAMINER
SIGNATURE lights J. Jungali M.D.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER January 9, 1972
248. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, lawn, or county) (State)
BURIAL JAN 12/72 FORT LINCOLN 15A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
JAN 1 1 1972 Blee & Sauley A. A.	SINGLETUN FUNERAL HOME GLEN BURNIE, MARYLAND
S 151-REV. 1/1/68	O ?? 6

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT 72 00269 CERTIFICATE OF DEATH REG. NO. 72	00260
1. NAME OF DECEASED (Type of Print) L. Q. DATE AND HOUR OF DEATH	
Richard Morrison JAMUARY 5 1973	8:50 pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions res	idence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIM	2005 MTS?
Bon Seevers Haspital Estreet AND NUMBER	NO 🗌
5. SEX 6. RACE 7. MARDIED PAIGUED MARDIED 18. DATE OF RIGHT 19. AGE (in vege 16. Heads)	
Male White WIDOWED DIVORCED 11/03/02	1 Yr. If Under 24 Hrs. Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTH PLACE (Stote or foreign country) 12. CITIZE 12. CITIZE	N OF WHAT COUNTRY
Retired Co. Mary land, Unio	to State
13. FATHER'S NAME T. 14. MOTHER'S MAIDEN NAME	ea rivus
Richard Morrison Agusta Licht denburg	
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. SECURITY NO.	ADDRESS 21223
No 2/2.05-443 Mrs. Lillian V. Morrison, 412 S.	Furrow St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE Control of the course	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, il any, giving (B) Chumoma by the breat boucking (a) DUE TO, OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL I DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. DATE OF THE STATE OF THE	ONSIDERED ATH?
OR CONTRIBUTING CAUSE OF home, form, fociory, street, office bldg. NJURY OCCUR?	exoct facotion)
OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) White At Work At Work	
22. 1 certify that (1) (this hospital) attended the deceased from 12-34 1971 to 1-5	1972
that (1) (we) last saw the deceased olive on	
and hour and from the causes stated above. (1)((We) (dld) (dld not) view the body after death.	
23A. SIGNATURE 23B. DATE	SIGNED
Attending Med. Staff Director Phys.	
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
MALINEE YUNYDNAYING DON SECOURS HOSPITAL BALTIMORE	F, MD2/223
24A. BURIAL CREMATION 124R. DATE 124C NAME & CREATERY CREMATORY	county) (Stote)
Burial 1-10-1972 Loudon Park Cemetery Baltimore, Maryland	4
25A. DATE REC'D BY HEALTH DEPT. 25E NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Howard, 4107 Wilkens	ADDRESS Ave. 2122
VS 150-REV. 1/1/68	

of the state of th

IMPORTAN FUNERAL DIRECTOR:

examiner

approved

certificate

hospital

occurred in

assistant

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH of and death Such Deceased 1. NAME OF DECEASED 2. OATE AND HOUR OF DEATH 50 (Type or Print) of 3. PLACE IN BALTIMORE, MARYLANO, WHERE PRONOUNCED 4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before
A. STATE
B. COUNTY ance (2) COUSE Baltimore Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET AGORESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN (4) Undetermined cause; attend 0 D. INSIDE CITY LIMITS? ood Convalescanty YES NO X Catonsville prior contributing E. STREET AND NUMBER 305 Bloomsbury Avenue is made. regular 5. SEX 6. RACE 8. OATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yt. Months! Doys If Under 24 Hrs. eceased Hours last birthdoy) LUCARION WIDOWED DIVORCED X 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? 2 isposition done during most of working life, even If retired) direct or ō U.S.A. Homemaker Maryland Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew V.D. Westervelt Strange Grace Lo death T kind; 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance No 213-03-3715 Mrs. Grace Tausendschoen, 1240 Birch Ave. dny pronounced CAUSE OF DEATH or APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode al dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenio, etc. Il means the disease, regular injury or camplication which caused death.) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF 4 DISEASES OR CONDITIONS, il ony, giving rise la the above cause (A) stating the physician 1/2011-males UNDERLYING CONDITION lost remains No physician was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART + (A). the any nature; (2) Body the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 0 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINOINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ore 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Where 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE OLO hame, farm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) to the hospital MEDICAL pe DEATH (natify medical examined obtained 21D. TIME (Manth) (Ooy) (Year) (Hous) 21E INJURY OCCURRED 9 21F. HOW DIO INJURY OCCUR? OF INJURY (except Not While While Al (APPROX) and Wark 22. I certify that (1) (this hospital) attended the deceased from focus s pe that (1) (we) last saw the deceased olive on. and that In(my) (our) opinion death occurred on the date of death) hospital ond hour and from the couses stated obave. (1) (We) (did) (did not) view the body ofter death. the body was released must accident 23A. SIGNATURE 238 DATE SIGNED Attending | 0 Director approval Phys. DEGREE 8 23C. PHYSICIAN'S NAME (Type prior 23D. AODRESS to An D.O.A. 24A. BURIAL CREMATION, 24B. OATE 24C. NAME of CEMETERY OF CREMATORY deceased 24D. LOCATION (City, town, or county) (Stote) written Burial 1-8-1972 St. Johns Cemetery Howard County, Maryland Mas 25A. OATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/68

258 NAME QE REGISTRAR

25C. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Ave. 21229

water back of the control of the con to a letterflikking X Helogomes a gence 보다는 기를 하다면하다 하면 보다는 것이다. 제고하는 March 2. Brackery Lite of the Area Colored

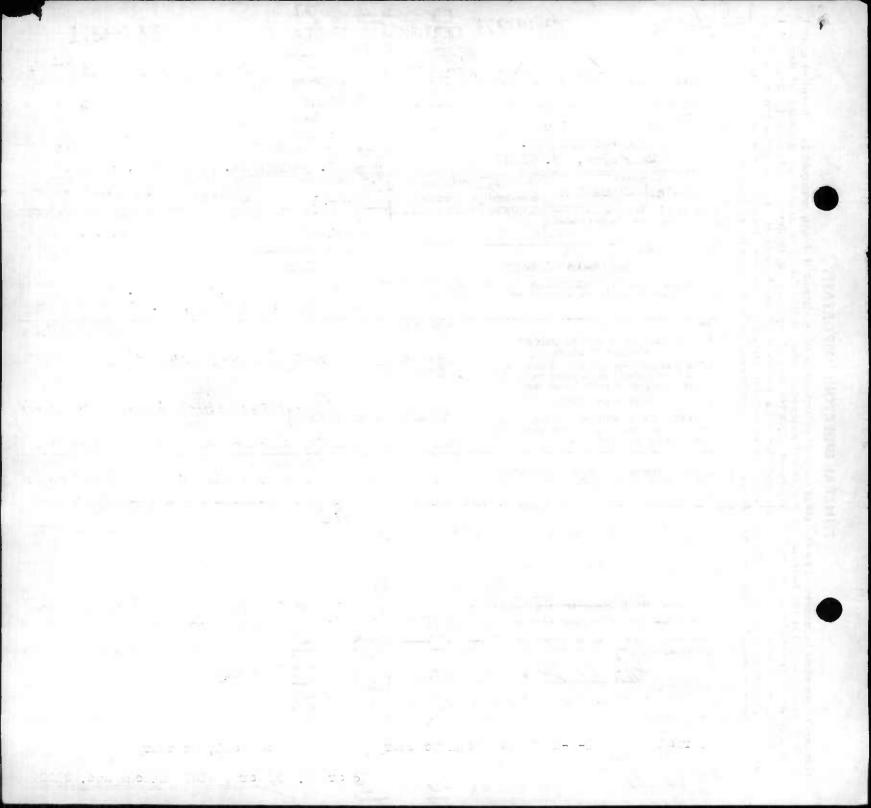
49-06-45

a hospital and

BALTIMORE	CITY	HEALTH	DEPA	RIMENT
DATELINIONE	C11 1	I I COLL III	VLIA	WILMIPIATE AT

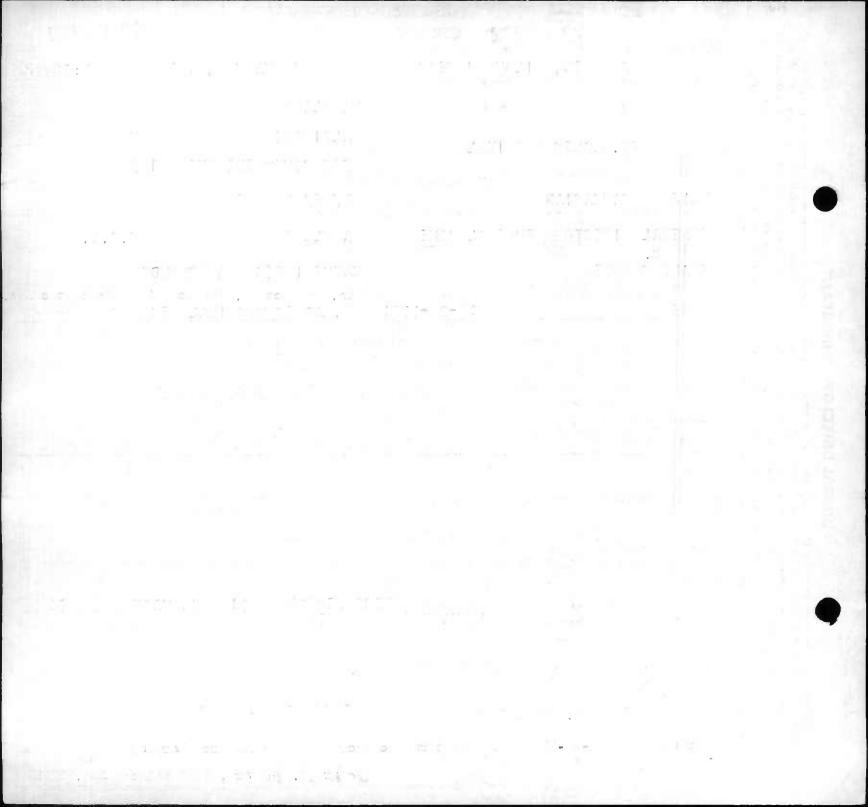
REG. NO.	

BIRTH NO.	3	HUE	CERTIFICA	TE OF DEA	TH REG. NO	
1. NAME OF DEC	Tele.	mo.	Hart	2. [Jan. 7,	2.2
	LTIMORE, MARYLAND, W			4. USUAL RESIDENT A. STATE Maryland	CE (Where deceased lived, II	Institution: residence before admission
FULL NAME OF HOSPITAL DR			JTION, GIVE STREET	C. CITY OR TOWN	ID (A	VSIDE CITY LIMITS?
-1 1	Baltimore City	-	als	Baltimore	5. 11	YES NO
	1940 Eastern /			E. STREET AND NU	MBER	007
5. SEX	Baltimore, Md.				uldin St. Balt	
Female	Caucasian	WIDOWED		8. DATE OF BIRTH 7-6-81	9. AGE (In years lost birthdoy)	Months Days Haurs Min.
10A, USUAL OCC	UPATION (Give kind of work working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	o or foreign country)	12 CITIZEN OF WHAT COUNTRY
	working hie, even a junious	N-		Maryland		U.S.A.
13. FATHER'S NA	ME	1		14 MOTHER'S MAIL	DEN NAME	
	Benjamin Gi			Clas	ra	
5. Was Decoased Yes, no or unknown	Ever in U. S. Armed For	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT BCH Record	4940 Easter ds: Baltimore,	m Ave. ADDRESS Md. 21224
Diseases Crise to the	LEADING TO DEATH not mean the mode of esthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) 3 CONDITION last,	the disease, death.)		A CONSEQUENCE OF:	gestive Heat	Failure & Monte
TO THE DEAT	FICANT CONDITIONS COI TH BUT NOT RELATED TO TH CONDITION GIVEN IN PART	TE TERMINAL	***************************************	mui obs	true teni pruebvie Pul. D.	sien Surgears
19A. DATE OF	OPERATION 198 CON	DITION FOR W	HICH OPERATION	20A-AUTOPSY? (Yo		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLTING DITING CAUSE OF medical examined	21 B, home elc.)	PLACE OF INJURT (o.g., in c., form, foctory, street, of	or obout 21 C. WHERE	DID (if in 8eltim	ore City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Teor)		INJURY OCCURRED Not While At Work	21 F. HOW [DID INJURT OCCUR?	
22. I certify	that (1) (this hospital	attended th	e deceased from	Dec. 2	7_19 7/ta	Jan. 7 1970
that (t) (we)	last saw the decease	d alive on	Ja.	7 1972	ond that In (my) (our) o	pinian death accurred on the date
and hour and	from the causes stat	ed above. (1)	(We) (did) (did not) v	lew the bady after	death.	
23A. SIGNATU	RE C	new		nding Med.	C Shift C *	23 B. DATE SIGNED
23C. PHYSIOLA NAME (T	ATS -	MEN	ITOUE MO	Bald Bald	8- City Hosp.	
24A. SURIAL CRE	MATION, 24B, DATE	24C.NA	DEGREE ME of CEMETERY of CRE	MATORY		City, town, or county! (State)
Buria1	1-9-19		Hall Cemeter		Oak Hall, Cem	netery
JAN 11	BY HEALTH DEPT.	258 NAME O	REGISTRAR 2 0 0 0	125C. FUNERAL DI	RECTOR	Wilkens Ave. 21229
VS 150-REV. 1/1/	68	The state of the	4.6			



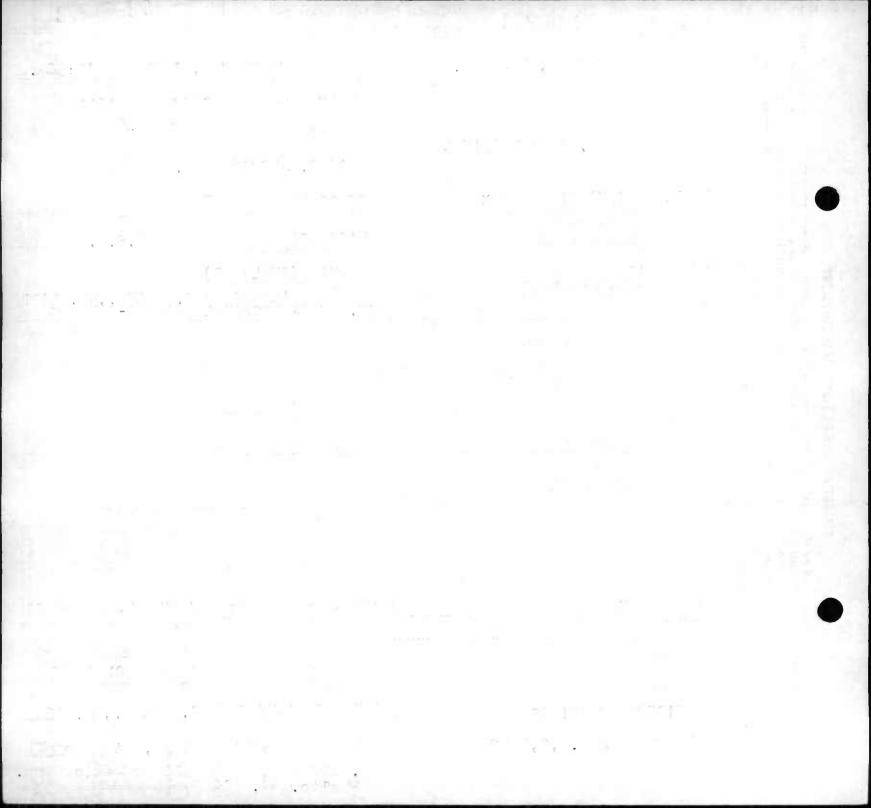
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BIRTI	ME OF DECI	ASED						In DATE AS	NO HOUR OF D		
	or Print)		DEN.	WILBUI	R JOSEF	ЭН			RY 6,		1 3
3. PL	ACE IN BALT				DUNCED DEAD		4. USUAL RESID	B. COU	te deceased live	d. If instituti	on: residence
FULI	L NAME OF	(IF NOT I	N HOSPITA	AL OR INSTIT	TUTION, GIVE	STREET	MARYLA		***		25
HOS	PITAL OR	ADDRESS	OR LOCA	TION)			C. CITY OR TOW			. INSIDE C	ITY LIMITS?
1	Land	ST. AG	NEC	HOCDIT	TAI		BALTI	10RE		YES	N N
	70	31 . AG	INE S	HUSFI	IAL		E, STREET AND		ENE AVE	214	230
5. SE.	x	6. RACE		7. MADDIED	NEVER M	A DDIED TO	DATE OF BIRT				Under 1 Yr.
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104,1		PATION (Give	kind of work	IOB, KIND O). BIRTHPLACE	(State or lore	ign country)	112.	CITIZEN OF W
F	UNERAL	DIREC		FUNE	RAL HOM	E	MARYLA	AND			U.S.A.
13. F/	ATHER'S NAM	1E					4 MOTHER'S		ME		- 1 - 1 - 1
	RANK S						CATHER	RINE (CONWAY)	SNOWBE	EN .
15. W. (Yes, r	os Deceased no or unknown!	Ever in U. S. /	Armed Fore	es? of service)	1 6. SOCIAL SECURITY	No.			R. Snow		
	ONE				219-20				OSPITAL		
1:	8. 5.19	. 3 1				OF DEATH	4	4		,	APPROXI BETWEEN C
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M-22	0 72 00	273		TE OF DEATH		75 00273
1. NAME OF DEC				2. DATE	AND HOUR OF DEATH	
	MACZIS			JA	NUARY 6, 19	972 12:304.,
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT) ADDRESS OR LOCA			MARYLAND	Vhere deceased lived. If i	nstitution: residence before admission 21229
INSTITUTION	ST. AGNE			BALTIMORE		YES NO
40				216 S. AU		2000
5. SEX			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months: Days Hours Min.
FEMALE	CAUCASIAN			05 20 92	79	Months Days Hours Min.
OA USUAL OCC	UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE IStole or	foreign country)	12. CITIZEN OF WHAT COUNTR
House W				WISCONSIN		II C A
3. FATHER'S NA				14. MOTHER'S MAIDEN I	NAME	U.S.A.
JOHN WE					ALDORF)	
5. Was Deceased	Ever in U. S. Armed Force) (If yes, give wor or dote:	es?	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 0104
No		or services	?	ST. AGNES H	KENS AVES. OSPITAL REC	BALTO. MD. 2122 ORDS-CATON &
18.4/2	4 1		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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	ANTECEDENT CAUSES		(8)	Failur	-	Í
DISEASES C	OR CONDITIONS, If a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	->	***************************************
underlying	e above cause (A) G CONDITION last	staling the				
			(c)			
OTHER SIGNIF	FICANT CONDITIONS CON THE BUT NOT RELATED TO TH	E TERMINIAL	***************************************			
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	OPERATION GIVEN IN PART OPERATION 198 CONE WAS PERF	STION FOR W	HICH OPERATION	20A. AUTOPSY? IYes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	NT WAS UNDERLYING TITING CAUSE OF medical examined	21 B. home etc.)	PLACE OF INJURY le.g., in e, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exact location)
DEATH (notify	(Month) (Doy) (Year)		INJURY OCCURRED Not White	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)		Work	e At Not White			
22. I certify	that }() (this hospital)	attended th	e deceased from_DF	CEMBER 26	_19 71_to_JAN	UARY 6 19 72
that (() (we)	lost saw the deceased	olive on	JANUARY 6	1972and	that in (My) (our) op!	nion death occurred an the dat
ond hour one	from the causes state	d above. VI)	(We) (did) (WW NAM U	ew the body ofter deat	h.	
23A. SIGNATU	IRE /	χ.,	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	Dody offer deal	110	23B, DATE SIGNED
	/<			ding Med.	Staff Phys.	01 06 72
23C.PHYSICIA	N's Cel	uan-	DEGREE Phys.	Director L	Phys. 🖎	01 00 /2
23C. PHYSICIA NAME (T	ypel	-		and the second		
VICT	OR BENAVIDE	S 24C. NA	ME of CEMETERY OF CRE	CATON & WILK	LOCATION (C)	BALTO, MD . 21229
77	1		of ORE			ly, town, or county) (State)
Removal			T DECISED AD	? R	olling Stor	ne, Minnesota
JAN 11	1072 PAR A	258 NAME OF	REGISTRAR	25C, FUNERAL DIRECT	Schwah 351	2 Frederick Ave
44111174	IGIL VIGORIE E	Variable .	M.A. U	N N	21.220	- TICKELICK AVE
150-REV. 1/1/						

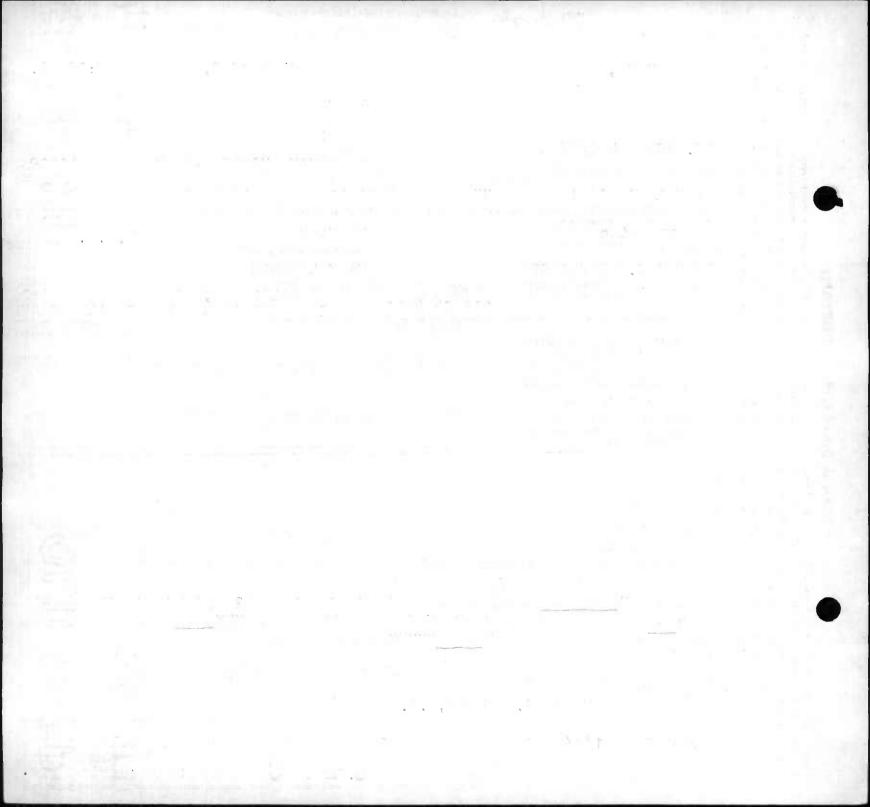
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was Co.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, such written approved must be obtained before the remains are embalmed or final disposition is made.



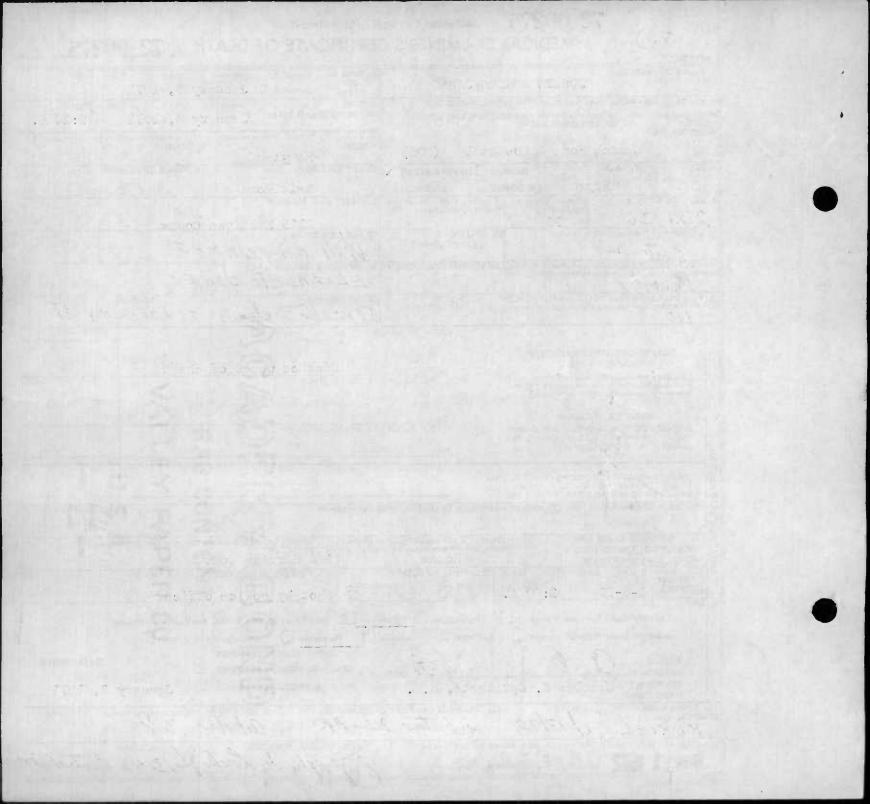
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and be the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	Q 102 000	BALTIMORE CITY	HEALTH DEPARTMENT	72 00224
BI	B-620 72 002	CERTIFICA	TE OF DEATH REG. NO.	145 UNIC/4
	NAME OF DECEASED TO OF Print) BURKE, ROSE EI	LEEN	2 DATE AND HOUR OF DEATH JANUARY 5,1972	1 5:15 P.M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II in	stitution: residence before admission)
FL	ULL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND	2008
İN	STITUTION ADDRESS OF LOCATION			DE CITY LIMITS?
	ST. AGNES HOSPITAL		BALTIMORE E. STREET AND NUMBER	YESX NO
	Ji, ranco moorin L		28 SOUTH AUGUSTA AVEN	UE 21229
5.	SEX 6. RACE 7- MAR	RIED NEVER MARRIED		II Under 1 Yr. , II Under 24 Hrs.
		WED DIVORCED	11 13 88 9. AGE (In years last birthdoy) 83	Months Doys Hours Min.
do	LUSUAL OCCUPATION (Give kind of work) OB, KIN to during most of working life, even if refired) Housewife	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0,3,5,
1	THOMAS J. WORTHINGTON		MARY LANAHAN	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of serv	16- SOCIAL SECURITY NO. 213 54 4913	17. INFORMANT BALTIMORE, MARY ST AGNES HOSPITAL CAT	
MEDICAL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19SE. CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (Hour) CAPPROX.)	ving the (C)	SE CEREBRO VASCOLAR ACC ACONSEQUENCE OF: ACONSEQUENCE OF: A CONSEQUENCE OF: NO 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE F NO OF Obout 21C. WHERE DID 10 OF OBOUT 21C. WHERE DID 10 INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	Pale
	22. I certify that (I) (this hospital) attend that (I) (we) last sow the deceased olive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	an JANUARY 5 e. (M (We) (did) XdXdXnXtXvI OUT Mid DEGREE Phys. 2	and that IXXXX (our) apir ew the bady after death.	
24/	EDUARDO G.	ROMERO, M.D. DEGREE C.NAME of CEMETERY OF CREE	MATORY	
	Burial 1/8/1972	New Cathedral	The second of th	, Maryland (Stote)
	JAN11 1872 Village E. Vie	ME OF REGISTRAR	25C. FUNERAL PIRECTOR O. Tzuman Schwab 3512	Frederick Ave.
A2	150-REV. 1/1/6B			



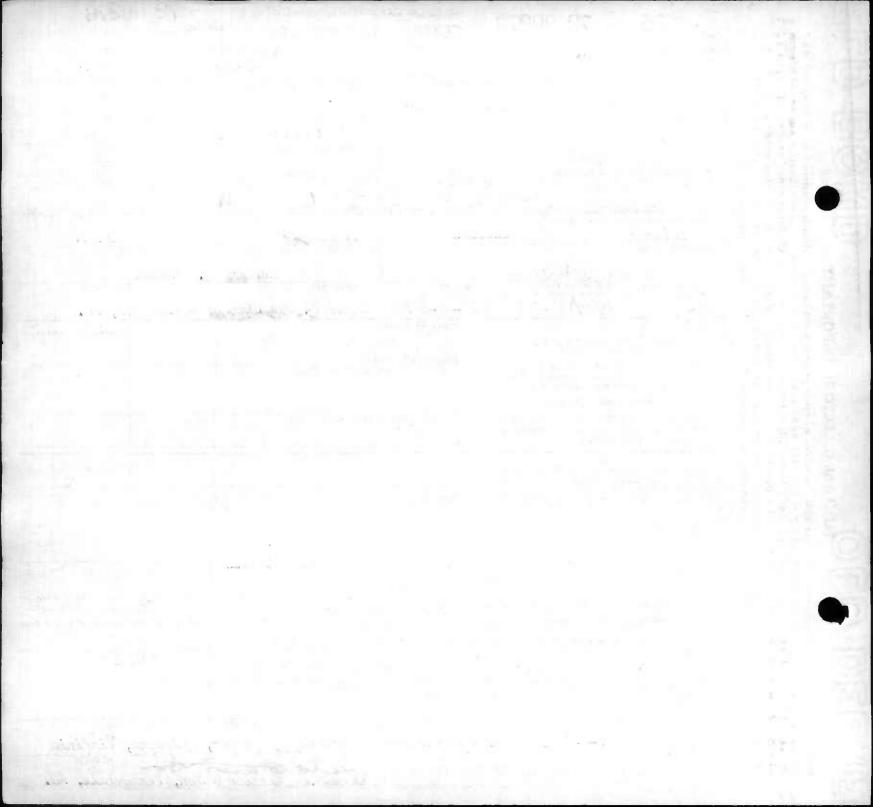
) Jac		WEL	JICAL	. EX	AMINER'S	ERTIFI	CATE O	DEAT	[H	NO	
BIRTH NC.									KEG.	NO,	
Type or Print)	CEASED	TOCED	II EDEI	ADD	TAMEG	2. DATE	Knawn K	Manth	Doy	Year	Hnur
					JAMES	DEATH	Estimoted [Janua	ary 8,	1972	м.
. PLACE IN BA						3. DATE		Manth	Doy		Hour
FULL NAME OF	(IF NO	T IN HOSPIT.	AL OR INS	TITUTIO	N, GIVE STREET	PRONO	UNCED DEAD	Janua	ary 8,	1972	2:20 A. M.
NOITUITIZMI SC						5. USUAL R	ESIDENCE (Whe	re deceosed i	lived. If inst	itution: residence	before admission)
~	Church	Home	& Hos	pita	1 (DOA)	A. STATE			B. COUN		1 600
S. SEX	7. RACE					C. CITY OF	Marylan	nd	I D. INICII	Dr. Glavert	600
					NEVER MARRIED	C. CITT OF	TOWN		D. INSII	DE CITY LIMITS?	
Male	Neg		WIDOW		DIVORCED L		Baltimo	ore		YES X	NO 🗌
DATE OF BIRT	H	10. AGE (I	n years	Month:	er 1 Yr. If Under 24 Hrs. 1 Days , Haurs , Min.	E. STREET	AND NUMBER				
2/26/3	56	35					1525 Mt	illican	Cour	+	
1. BIRTHPLACE	tate ar farely	n country)			IZEN OF	13. FATHER	SNAME	1	_		
Ralt	i. mod			WI	HAT COUNTRY?	Wil	11 AM	NAM	E5		
4A.USUAL OCCU	PATION (Give	kind of work	148. KIND	OF BI	SINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME 7			
ane during most of	varking lite, ev	en itretired)				EL.	ZADOI	7 doi	NES		
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	2 1	7. SOCIAL	18. INFOR				ADDRESS	
es, na ar ønknown	(If yes, give w	var ar dates	of service))	SECURITY NO.		abe The	1 -	101		IN AT
19. 5 0 6						-	9 De In a	HMES	287		
E 97	OXI				CAUSE OF DEAT	IH					APPROXIMATE INTERVAL WEEN ONSET AND DEATH
DISEAS	E OR COND	ITION DIRE	CTLY								
	LEADING TO				(A)IMMEDIATE C	ALISE G	unshot wo	und of	ches	+	
(This daes n	ai meon ihe , osthenio, etc.	mode of dy	Ing, e.g.,		DUE TO, OR A				01100		
injury ar car	plication which	h caused de	olh.)							300	
	VIECEDENT		/ andnia		(B) DUE TO, OR	A CONST					
RISE TO THE	OR CONDITION	JSE (A) STA	ING THE		DUE 10, OK /	AS A CONSE	SOENCE OF:				
UNDERLYIN	IG CONDITI	ON LAST.			(c)						
2		II									
OTHER SIGN	IFICANT CON	IDITIONS CO	ONTRIBUT	ING						Sec. 157	
L. DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A).		***************************************						
20A. DATE OF	OPERATION	208. CO	NOITION	FOR W	HICH OPERATION WA	S PERFORM	ED			21. AUTO	OPSY? (Yes ar Na)
2											Yes
22A. EXTER	NAL CAUSE	WAS		22B. PL	ACE OF INJURY (e.g.,	In or about 2	C WHERE DID	/il to Dalaton	on City -l		1.00
UNDERLYING	XOR CONT	RIB-		home, f	arm, tactory, street, affice	bidg., etc.) []	NJURY OCCUR?			e exact racation)	5 × .
UTING L CA			\ /\tau	1 loon	House		284 Herri				501
OF INJURY		ay) (Year) (Hour		INJURY OCCURRED	2	2F. HOW DID II	IJURY OCC	UR?		
	1-8-72	2:	00 A.	m. WO	RK NOT	WHILE X	Shot by p	olice	office	or	
23.			_	7							
1 cert	Ify that I he	eld an I	nquiry L	1	nspection Aut	apsy X	and that on	this basis,	death In	my apinion	
result	ed from: No	atural cau	ses 🔲	Acc	ident Sulcide	e Ho	micide 🔽	Undetermi	ned mann	er 🗆	
	1	1)	_	HIEF MEDICAL				
ACTUAL	(%	-182		ON.	Vice et		TANT MEDICAL		$\overline{\mathbb{X}}$		DATE SIGNED
SIGNATI		1 0	-	1	M.D.						
NAME (T	ype) Cna	ries S	e Spr	ring	ate, M.D.	ASSO	CIATE MEDICAL	EXAMINER	Ц ;	January 9	9, 1972
4A. BURIAL CREA	MATION. 2	4B. DATE	,	24C.	NAME of CEMETERY	r CREMATO	RY 24D	LOCATION	(Class	tawn or county	1 (54-4-1
EMOVAL (Specil	y) /	1/12	170		A 1	nem P	£ .	0.1.1.	(CIIY)	county.) (State)
BURI		1/10/	1	1		com / /	6	mymor	, ,	1	
5A. DATE REC'D	RA HEYLLH D	DEPT.	25B. N/	AME O	F REGISTRAR	25C. F	UNERAL DIRECT	OR /	100/	ADDRESS	4-1-1-
JAN 11	W/2 (Leber &	Jan.	San .	MAG	178	rock y.	Kock	1.10	1304n.	entral ar
S 151-REV. 1/1/68		11 57	11	1	4 1 1	7 0	Y		/ /	J- ///	/
		/1/ X .	1 6								1/



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

<	2 252	2	2:0027	BALTIMORE CITY	HEALTH DEPARTMENT	4	2 00276
	RTH NO.			CERTIFICA	TE OF DEATH	REG. NO	
	NAME OF DECI	Charles	Standifo	rd		AND HOUR OF DEATH	9:50 A A
3.	PLACE IN BALT	IMORE MARY	LAND, WHERE PR	DNOUNCED DEAD	A. STATE B. CO	there deceased lived. If	institution: residence before admission)
FU	JLL NAME OF	IIF NOT IN	HOSPITAL OR IN	ISTITUTION, GIVE STREET	Md.	HARFOI	10 6200
IN	STITUTION	ADDICIS	OK LOCAHONI		C. CITY OR TOWN Darlington	D. IN	ISIDE CITY LIMITS?
0.50	2 17 Mes	rcy ⁿ osp	ital		E. STREET AND NUMBER		YES NO
-	- 1						
	Male	White	WIDO		8. DATE OF BIRTH 9-13-17	9. AGE Un years lost birthdoyl	II Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
10	A USUAL OCCU	PATION (Give ki	nd of work 10B, KIN:	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of I	oteign country)	12. CITIZEN OF WHAT COUNTRY
	Labor	er			Manyland		USA
13.	FATHER'S NAM	1E			14 MOTHER'S MAIDEN	IAME	
	R	amsau S	tandilord			Bessie M. R	Roussey
15. (Ye	Was Deceased	(If yes, give w	rmed Foreds?	cel SECURITY NO.	17. INFORMANT		ADDRESS
	Yes	1949	1/ 12-5052	217-09-2810	Sarah E. Sto	indiford. Dan	Roussey ADDRESS rlington, Nd.
	18.5/3/	1		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDIT	ION DIRECTLY	Irr	eversible shoc	k	DET TEET ONSE AND DEATH
	(This does no	t mean the	mode of dving.	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		************
	heart failure, c	sthenia, etc.	I means the dise	ose,	CONSEQUENCE OF:		
	1	NTECEDENT		Possih	le orremnelmin	a channa	
	DISEASES OF	R CONDITION	NS, if any, gi	ving (8) DUE TO, QR-AS	Le overwhelmin Acquiquence offit	upper lobe	***************************************
	rise to the	CONDITION	se (A) slafing	fhe (C)		apper robe	
		- 11	1000	(0/			
CATION	OTHER SIGNIFIC	CANT CONDITION	ONS CONTRIBUTION	NG IAL			
TFICA	19A. DATE OF	OPERATION 1	N IN PART 1 (A). 9B. CONDITION F VAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSYT (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFI	21A. ACCIDEN	T WAS UNDER	RLYING	21& PLACE OF INJURY (e.g., in	No No where Did		
AL	DEATH (notify	MNG CAUSE	OF ed	home, form, fociory, street, off	ice bidg. INJURY OCCUR?	fit in politime	ore City, give exact location)
MEDIC	OF INJURY	(Doy)	(Yeor) IHour	21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
~	(APPROX)			While At Work Not While			
	22. I certify t	hat (1) (this	hospital) attend	ed the deceased fram	11-7	_19ta	1-3 19 72
			deceased office		19and	that fn(my) (aur) ap	Inlan death occurred on the date
	and haur and	from the cou	ses stated above	(1) (We) (did) (did not) vi	iew the body ofter deat	10	
A	22A. SIGNATUR	RE	1110/1				23R DATE SIGNED
1	MAN	11/1/	Mysel	DEGREE Phys	Iding Mod.	Staff Phys.	1-7-12
	NAME CY		1. W.W.	ALET.	3D. ADDRESS		
24/	REMOVAL (S	ATION, 248, 1	DATE 240	C. NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or county) (State)
	Bunial	1-	5-1972	Culpepper Nation	al Cemetery (Upepper (u	Lpeper, Virginia
254	A. DATE REC'D	BY HEALTH DE	0 0 0 0	SE OF REGISTRAR	25C. FUNERAL DIRECT	The state of the s	ADDRESS
1	JAN11	DIZ Val	FR F AND	MARTINE O DO	Olea.A.Tr	terson & Son	Perruville, Md.
VS	150-REV. 1/1/6	R					



	3-235	*** 000) - mys my		HEALTH DEPARTMENT	REG. NO	7/10	10277
BII	TH NO.	15 11115	11	CERTIFICA	TE OF DEATH	REG. NO	11-	1136.11
	AME OF DECEASED				2. DATE AND HOUR OF DEATH			
3	PLACE IN BALTIMORE MARY	RY GASTO		D DOAD	4. USUAL RESIDENCE (Who	Jan 72	1	5:30 P.M.
	TOTAL III PROJECTOR MARKET	LAND, WHERE I	KONOUNCE	D DEAD	A. STATE B. COU	NTY	stitution: re	esidence before admission!
FL	ILL NAME OF IF NOT 11 DSPITAL OR ADDRESS STITUTION	OR LOCATION	NOTTUTITZNI	, GIVE STREET	MD.			7031
1	SILIUIION				BALTIMORE	D. INS	DE CITY LI	NO 🗆
1	9 416 N.	HILTON S	TREET		E. STREET AND NUMBER		153 [140
					416 N, HILTON	ST.		
S.	SEX 6. RACE	7. MA	RRIED N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under	Days Hours Min.
100	F N		OWED X	DIVORCED _	8-24-1904	6/		
do	LUSUAL OCCUPATION (Give keed during most of working tife, even	if refired)					12. CITI	ZEN OF WHAT COUNTRY?
1			Housewi	re	Chester, S.		U	J. S. A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA			
15	Jack Baller Wos Deceosed Ever in U. S. A		18.4		Emma Eliza B	aller		
(Ye	s, no or unknown) (If yes, give w	or or dates of se		SOCIAL SECURITY NO.	17. INFORMANT	11 11 - 1.16 N	11 * 1 4	ADDRESS
	N/a N/A	4			Mrs. Hannah	Wells 416 N.	HIIT	ion St.
	DISEASE OR CONDIT	PION DIRECTLY	,	CAUSE OF DEATH	1			APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
	LEADING TO				Oastrice	PD Classical		Prus
	(This does not meen the heart lailure, osthenia, etc.	mode of dying,	e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	a wymu		8 7000
	injury or camplication which	coused death.))					
-	ANTECEDENT			(B)				
	DISEASES OR CONDITIO			DUE TO, OR AS	A CONSEQUENCE OF:		**********	
	UNDERLYING CONDITION		, ,,,,	(c)				
Z					1 4 0	1 >		
	TO THE DEATH BUT NOT RELA	ATED TO THE TERM	TING IINAL		H. A.C.	1. D.		Syrs
CERTIFICATION	19A. DATE OF OPERATION	98 CONDITION	FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes or No	o) 20B, IF YES, WERE F	INDINGS	CONSIDERED
ERTIF	0	WAS PERFORMED				IN CERTIFYING CAU	SES OF D	EATH?
CAL CI	21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examin	RLYING D E OF er)	21B. PLAC home, for etc.)	CE OF INJURY (e.g., in m., foctory, street, aff	or about 21 C. WHERE DID	(If In Bolttmore	City, give	exoct focotion)
0	21D. TIME (Month) (Doy	(Year) (Hour	21E INJU	RY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
×	(APPROXI		White At Work	Not While				
	22. I certify that (1) (this.	hospital) atten	ded the de			1968 to N	at	1071
	that (1) (we) lost saw the			6 Nov			Ion deot	h occurred on the date
	ond haur and from the cau	ses stoted obo	ve. (I) (We) (d id) (did not) vi				
	23A. SIGNATURE	0		0			23B. DATI	SIGNED
	#IN!	1 Dayler	رد	MD DEGREE Phys.	ding Med.	Staff Phys.	11	Jan 72
	23 C. PHYSICIAN'S NAME (Typel	12	/	2	3D. ADDRESS	10		1
24	H. F	1. BAY	LUS	M- DEGREE	-	ENS AVE		BALTO MD.
247	REMOVAL (Specify)			OF CEMETERY OF CRE			, town, or	
26.1	Burial 1.	-1172		tus Memoria		Itimore, Mar	yrand	- Constitution
23/	IRRIA 4 ARROA	0 0 n 3	OF REC	SISTRAR C	Marton & Dyet		me 17	701 Laurens St.
VS	150-REV. 1/1/6B	2011	A Page A	4) 4	The can a cha			

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-151 72 00	BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO. 72 00278
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH
13KOWN E	HLA J	1.6.72 8.30 Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR E ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md. 1506
	~ Man	DALTIMOVE D. INSIDE CITY LIMITS?
LUTHERAN HOSPITAL O	BERIHAY LIVI.	E. STREET AND NUMBER
5. SEX 6. RACE 17. MAR	,	2853W. North Ave.
1 Q MIOOS MAK	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yt., If Under 24 Hrs., Months Days Hours; Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most at warking life, wen if retired)	usonifo.	Dal SA LISA
13. FATHER'S NAME	a ze wije	14 MOTHER'S MAIDEN NAME
Thomas, Thom		Kosa Thomas
15. Was Deceased Ever in U.J.S. Armed Forcas? (Yas,no or unknown) (II yes, give war or datas of sarv	ica) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Ellen McMillian -2853 W. North Aux.
18. 436 91	CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AND HALFDIATE CALL	Variation in
I This does not meon the mode of dying, heart foilure, osthenia, etc. It meons the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:
injury of complication which coused death.)		2.22
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	(B)	A CONSEQUENCE OF:
rise to the obove cause (A) stoting	the Doe 10, Ok As	A CONSEQUENCE OF:
UNDERLYING CONDITION last.	(c)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG	
TO THE DEATH BUT NOT RELATED TO THE TERMIT OF DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998, CONDITION F WAS PERFORMED	OK WHICH OPERATION	20A- AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OP CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in	or about 21C. WHERE DID (II In Baltimore City, give exect location)
O DEATH (notify medicol exomined	home, form, foctory, street, of	see piod" HARA OCCUM
OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROXI)	While At Not While At Work	'
22. I certify that (1) (this hospital) attend		. 2. 19 1210 . 6 . 19 22
that (I) (we) last saw the deceased olive	4	1922 and that In(my) (out) opinion death occurred on the date
ond hour and from the couses stated above	e. (1) (We) (did) (did not) vi	
her tour	. MD Atter	ading Med. Staff A
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS SHALL STORM OF MAN
L ATTAZ JRATA	M'DEGREE	730 ASHAURTONI RT. MA 91911
24A BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D LOCATION (City, town, or county) (Stote)
DUVIA1 1-11-72 1	tebutus 11	anyk, BAHimore, Md.
JAN 1 1 1972	HE OF REGISTRAR	256 UNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/68		1 MURITORIC NETIT H. 1901-KAUVENS ST

Harten Lyrth Hartman St.

0-4/6
BALTIMORE CITY HEALTH DEPARTMENT

NAME OF DECEASED WILLITAM B. CLATBORNE 2 DATE Entimeted 3 anuary 9, 1972 Heavy 1, 1973 Heavy 1, 1973 Heavy 1, 1974 Heavy 1,			MED	ICAL E	XAMINER'S	CERTIFI	CATE OI	DEAT	H	66 11	05/3
FACE IN SATIMORE, MARTIAND, WHERE PRONOUNCED DEAD DATE STREET AND NUMBER DATE	BIRTH NC.								REG. NO)	
PLACE IN BALTIMORE, MARTHAND, WHERE PRODUCED DEAD WILLIAM OF BENSHIJUTION SIAHI, HOSPICAL MARCE MALE Negro MIDOWED DIVORCED BALTIMORE MATYLAND B. COUNTY A STATE MATYLAND B. COUNTY A STATE MATYLAND B. COUNTY A STATE MATYLAND B. COUNTY MIDOWED DIVORCED BALTIMORE MATYLAND B. COUNTY MIDOWED DIVORCED BALTIMORE MATYLAND B. COUNTY MAY COUNTY MAY COUNTY JOHN H. Claiborne A 33 Reisterstown Road J. FATHER'S NAME JOHN H. Claiborne MALE CLAIM OF BUSINESS OR NOUSER HE. SATHER'S NAME JOHN H. Claiborne MALE CLAIM OF BUSINESS OR NOUSER HE. SATHER'S NAME JOHN H. Claiborne MALE CLAIM OF BUSINESS OR NOUSER HE. SATHER'S NAME JOHN H. Claiborne MALE CLAIM OF BUSINESS OR NOUSER HE. SATHER'S NAME JOHN H. Claiborne MALE CLAIM OF BUSINESS OR NOUSER HE. SATHER'S NAME JOHN H. Claiborne MALE CLAIM OF BUSINESS OR NOUSER HE. SATHER'S NAME JOHN H. Claiborne A JOHN H. Claiborne MATHHANDOR OF BUSINESS OR NOUSER HE. SATHER'S NAME JOHN H. Claiborne A JOHN H. Claiborne MATHHANDOR OF BUSINESS OR NOUSER HE. SATHER'S NAME JOHN H. Claiborne A JOHN H. Claiborne MATHHANDOR OF BUSINESS OR NOUSER HE. SATHER'S NAME JOHN H. Claiborne A JOHN H. Claiborne A JOHN H. Claiborne A JOHN H. Claiborne MATHHANDOR OF BUSINESS OR NOUSER HE. SATHERY OF CONDITION DEATH JOHN H. CLAIM OF BUSINESS OR NOUSER HE. SATHERY OF CONDITION OF MALE AND AND AND AND AND AND AND AND AND AND	I. NAME OF DE						Knawn 🔼	Manth	Doy	Year	Hour
PROTINGE AND PROPERTY OF STREET SALUMENT DATE STREET AND NOTIFICATION STREET SALUMENT DATE STREET AND NOTIFICATION STREET SALUMENT DATE STREET AND NOTIFICATION STREET D NOTIFICATION STREET AND NOT		<u> </u>	VILLIAM	B. CL	AIBORNE		Estimoted	Janua	ary 9,	1972	N
SEE SEE						11	UNICED DE LO				
Sirani Hospital IDOA	HOSPITAL	(IF NO	ESS OR LOCA	AL OR INSTITU' TION)	TION, GIVE STREET						
SEX SEX	1 1	Sipni L	Joenite	.1	YDOAN	S. USUAL P	ESIDENCE (Whe	re deceased liv	ed. If Instituti	an: residence l	efore odmission)
SEX	-00	DIAMI I	toshirs	r.T.	(LOA)						
DATE OF BIRTH 12-2-1929	6. SEX	7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS?	
12-2-1929 19.0 19			gro	WIDOWED	DIVORCED [Baltimor	Α.		YES X	МОП
1.22-1929 42	9. DATE OF BIRT	Н	10. AGE (In	yeors # l	Inder 1 Yr. II Under 24 Hrs.	E. STREET					
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1/	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE			Month	Day		or H	lour	
llHC	LL NAME OF	(IF NO	T IN HOSPITA	LORINS	TITUTIO	ON, GIVE STREET	PRON	DUNCED	DEAD	Janua	ary 9,	1972	1	5:00 A.
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FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death if any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the it; and (6) No physician was in regular attendance on the	re emb
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	written approval must be
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A do	>	MO 000	BALTIMORE CITY	HEALTH DEPARTMENT		20 0000 P
BIRTH NO.	O	15 1105	CERTIFICA	TE OF DEATH	REG. NO	12 HH281
I.NAME OF DE	CEASED				D HOUR OF DEATH	6
(Type or Print)	John Ed	ward ALI	LEY		January	5, 1972
3. PLACE IN BA	LTIMORE MARYLAND	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IWhere A. STATE B. COUNT	deceased lived. Il in	nstitution: residence before admission
FULL NAME O	F (IF NOT IN HOS	PITAL OR INSTIT	UTION, GIVE STREET	Unknown		2712
NOITUTITZNI				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	0 Bellona 🛦			E. STREET AND NUMBER		YES NO
Edg	ewood Nurs	ing Home	Balto. Md.			
- SEX	6. RACE	7- MARRIED	NEVER MARRIED	i ii	AGE (In years ost birthdoy)	fl Under 1 Yr. il Under 24 Hrs Months; Doys : Haurs : Min.
Male	Cauc.	WIDOWED		Aug. 21, 1897	74	110013
OA, USUAL OCO	CUPATION (Give kind of value of working life, even if retire	vork 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	in country)	12. CITIZEN OF WHAT COUNTR
Groo			etrack	Unknown		
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NAM	IE.	
Unkı	nown			Unkno	wn	
. Was Decease	d Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS 21207
No		idles di servicer	SECURITY NO. 213 01 2635	Mr. John Bon	iface 6314	Windsor Mill Rd.
18, // 2	11 01		CAUSE OF DEATH		11000 0311	APPROXIMATE INTERVAL
DISEASES	nal meen the made, aslhenia, etc. Il meemplication which cause ANTECEDENT CAUSOR CONDITIONS, it is above to cause I. If CONDITION last.	ns the disease, ed death.) ES I any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	- Dhenose	lensis Yrs.
ONDEREIN	**		(c)			
TO THE DEA	II IFICANT CONDITIONS (ITH BUT NOT RELATED TO CONDITION GIVEN IN I	THE TERMINAL	Soigho	disorder		Con mos.
19A. DATE O	F OPERATION 198 C	ERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFTING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examined	21 B. hom etc.J	e, form, lociary, street, of	or obout 21 C. WHERE DID	(li in Boltimor	e City, give exact location)
21 D. TIME	(Month) (Day) (Ye		INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	Lie	Whi	is Al Work			4
22. I certify	y that (1) (this hospi	tal) attended tl	ne deceased from	Sobran 19	6 9 to 1	1972
) last sow the deced		115	emp		nion death accurred an the dat
and hour or	d from the couses s	tated abave. (I) (We) (dld) (dld not) vi	lew the bady after death.		
23A SIGNAT		00	4			238 DATE SIGNED
1.3	of golan	1 byg	After Phys	Med. Director P	haff hys.	Jan. 6, 1972
23C. PHYSICI	Typel	0		3D. ADDRESS		
Sto	ephen Margo		D. DEGREE	9115 Reisters	town Road	
AA. BURIAL CR	(Specify)		ME of CEMETERY of CRE	1	1	ly, town, ar county) (State)
Burial	8 JAN		rraine Park C		timore, M	
188141	1000	258 NAME C	P REDISTRAR	25C. PUNERAL DIRECTOR	Sommer	ADDRESS

JAN 11 19/2 VS 150-REV. 1/1/68 Valento El Valorio 720 U. Lowell Lemmon 6500 York Road 6000 RELLONA AVE

1.12

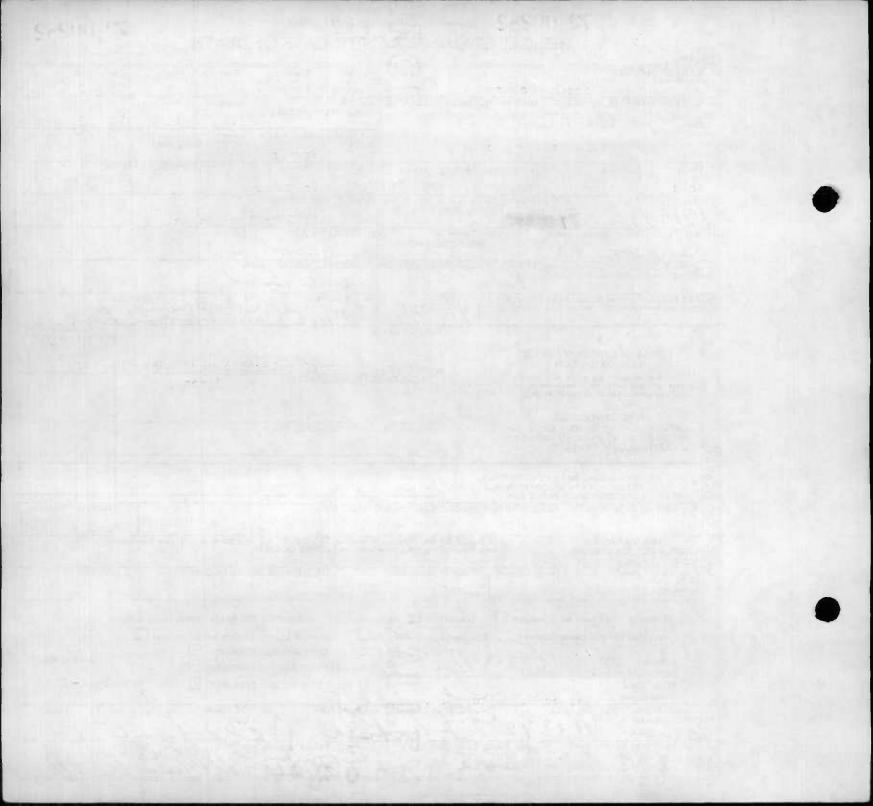
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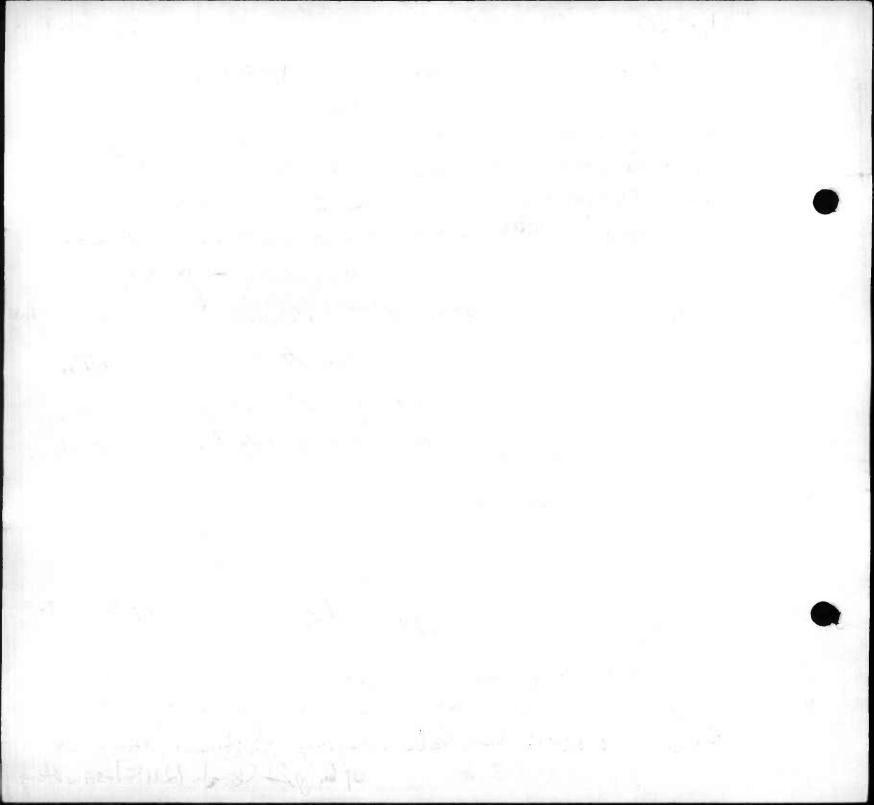
2

Marian Leading at N. C.

BALTIMORE CITY HE	ALTH DEPARTMENT	29 00000
C-155 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	72 00282
BIRTH NO.	KEG. NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known & Month Day	Year Hour
Joseph Chapman	DEATH Estimoted L 1 11	72 3:40 A.M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Day PRONOUNCED DEAD	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	1 11	72 '3:40 A. M
2114 Callow Avenue	5. USUAL RESIDENCE (Where deceased lived. If Institution A. STATE B. COUNTY	n: residence before admission)
00	Maryland C. CITY OR TOWN D. INSIDE C	ITY LIMITED
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		
Male Negro WIDOWED DIVORCED		ES 🖈 NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
121, 1900 711116	2114 Callow Avenue	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Christer Va	unflavour.	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if restred)	1	
How	unknown	DDDESC
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor or dotes of service) 3. SECURITY NO.	18. INFORMANT Choppione	DDRESS
2/3-0/2/.6	1 To 406) norwood by	APPROXIMATE INTERVAL
19. 4/12 4 1 CAUSE OF DEA	ATH	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		
(A)IMMEDIATE	CAUSE Arteriosclerotic cardiovas	scular /
(This does not mean the mode of dying, e.g., heart loilure, osthenia, etc. it means the disease, injury or complication which coused death.)	as a consequence on disease	
many or complication which courses assumely		
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AC OFFICALIED	21. AUTOPSY? (Yes or No)
O	AS PERFORMED	
	the state of the s	No
UNDERLYING OR CONTRIB.	, In or about 22C. WHERE DID (II In Baltimore City, give extending,, etc.) INJURY OCCUR?	aci location)
UNDERLYING OR CONTRIBUTING OR	22F. HOW DID INJURY OCCUR?	
OF INJURY WENTE AT	T WHILE	
	WORK	
	stopsy and that on this basis, death in my	oninion
resulted from Natural causes A Accident Suici		
ACTUAL ///// ACTUAL	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.I).	1 11 70
EXAMINERS NAME (Type) Werner II Spitz M D	ASSOCIATE MEDICAL EXAMINER	1-11-72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tow	n, or county) (State)
REMOVAL (Specify)	V I B	74
254 DATE BEC'D BY HEALTH DEBY	um selim	al po
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR TO C.C.	DDRESS
DAMIE DIE PROPERTY ()	2302 W mich line	But/by
VS 151-REV. 1/1/68		



K-220 72 00	11/0/4	Y HEALTH DEPARTMENT	REG. NO.	72 00284					
1. NAME OF DECEASED (Type or Print) KUKUC KA	OSEPH G.	2. DATE AND F	OUR OF DEATH	9100					
3. PLACE IN BALTIMORE, MARYLAND, WHERE P. FULL NAME OF HOSPITAL OR INSTITUTION BOLTON HILL NSQ. & C. 1400 JOHN STREET		HARY LAND C. CITY OR TOWN BALTING RE	D. INSID	E CITY LIMITS?					
	RIED NEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if refired) CARPENTER	DIVORCED DIV	3-44-00	86	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME JOHN 15. Wos Deceased Ever in U. S. Armed Forces?	il 6. social	UNKNOW N	1-mo	RY ADDRESS					
(Yes, no or unknown) (If yes, give wor or dates of ser	SECURITY NO. 218 03 9470 CAUSE OF DEAT	MARY MANIN	OLSI.	3561 LYNDALE AV					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart failure, asthenia, etc. If means the disiniury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last.	iving (B) OUE TO, OR AS (C) ATTENTION	use Chelof Horbon A CONSEQUENCE OF: Unler to Lent of A CONSEQUENCE OF:	brane ul	BETWEEN ONSET AND DEATH					
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20	B. IF YES, WERE FIN	IDINGS CONSIDERED					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21 B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore	City, give exect location)					
21D. YIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. Legetly that (1) (this bospital) attention	21E. INJURY OCCURRED While At Not While May Not While May Not While May Not While May Not May			1/0					
that (1) (we) last saw the deceased allve	22. I certify that (I) (this hospital) attended the deceased from 1972 that (I) (we) last saw the deceased alive on 1972 and that in (my) (our) apinion death occurred on the date								
and haur and from the causes stated above. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Staff Director Phys.									
23C. PHYSICIAN'S NAME (Type) AL AN H MAEN 24A. BURIAL CREMATION, 124B. DATE 12.	17 NO DEGREE	23 B. ADDRESS	Bl	X M/ 2,20-					
BEROVAL (Specify) 1-12-72 25A. DATE REC'D BY HEALTH DEPT. (25E. NA	C. NAME OF CEMETERY OF CRI		Heme (City)	May Les (Stote)					
JAN 1 2 1972 Valle & W	West, M.S.U. D. C.	10 The lights.	pach là	11 hes An Hera					



IMPORTAN

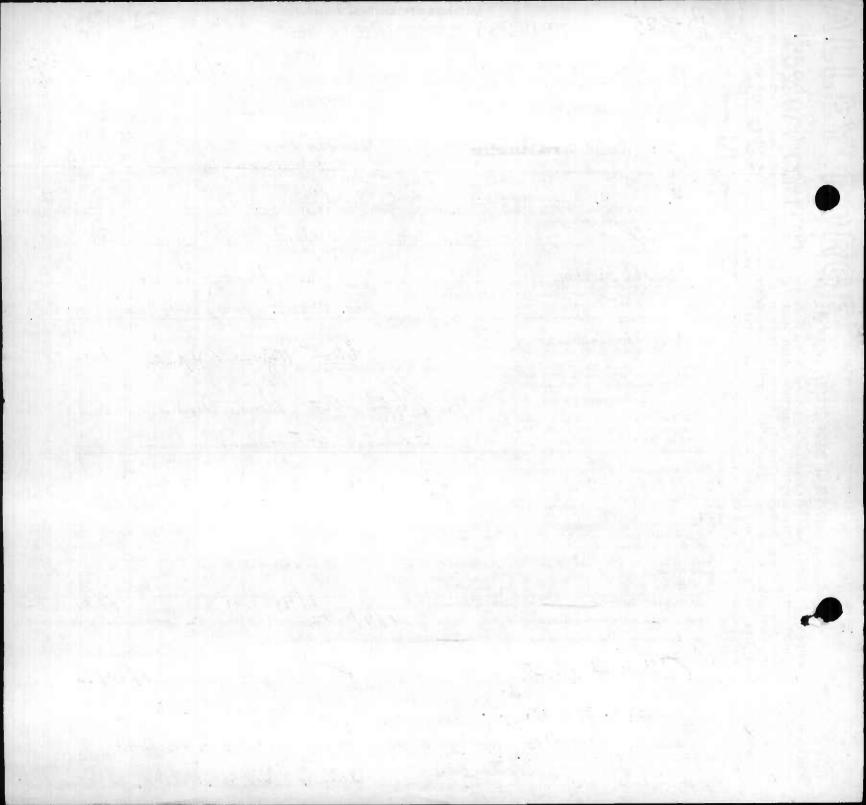
DIRECTOR:

FUNERAL

Semina Treams of the contract

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

	2			BALTIMORE CITY	HEALTH DEPARTMENT		ma nahon
BIR) -625 IH NO.	72	00285	CERTIFICA	TE OF DEATH	REG. NO	75 00583
	AME OF DECEA	ary Margaret	t Bracke	n	2. DATE	AND HOUR OF DEATH	2 9 35
3. 1		MORE MARYLAND, W				Where deceased lived. If i	nstitution: residence before odmission)
FUI	LL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITU	JTION, GIVE STREET	Maryland		2758
INS	TITUTION				C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
19	10 m				Baltimore		YES XX NO
	The	Gould Conve	alesariu	m		ourne Avenue	
5. S	EX 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	F	W.	WIDOWED	DIVORCED	3/24/192	79	North State of the
10A	USUAL OCCUP			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
don	during most of wo	rking life, even il retired)					
1	lousewife	2			Ireland		USA
13.	FATHER'S NAMI				14. MOTHER'S MAIDEN	NAME	
	As 1						
		L Bracken		1-	Annie	Iracey	
Yes	no or unknown) (ver in U. S. Armed For Il yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
	No			No	Man Rita P	Cannon 20110	Woodbourne Ave
_	18, /// 0			CAUSE OF DEAT		(010wg 207)	APPROXIMATE INTERVAL
	4/01	4		CAUSE OF DEAT			BETWEEN ONSET AND DEATH
		OR CONDITION DI			(1' - h	D	,
		EADING TO DEATH		(A) IMMEDIATE CAL	ISE Vicul /Pag	suchel depre	the 10 mile
	(This does not	mean the made of sthenia, etc. It means	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	7	
		icalian which caused					
		TECEDENT CAUSES		111	- 1 - 2	1 - 1.	
	A1	TIECEDENT CAUSES		(8) (Mu	isselestie 17	earl Passer	
		CONDITIONS, if		DUE TO OR AS	A CONSEQUENCE OF:		
		abave cause (A)	stating the	10 (71	1: 1ht.	., ,	
	UNDERLIING	CONDITION last.		(C) Compared	my contina	2 Asayona	
		11		0			
O		ANT CONDITIONS CO		//	11.6 -	- 2/ -1 0	,
ATI		BUT NOT RELATED TO T NDITION GIVEN IN PAR		(heme	Course Thousand	i Mand Tan	<u> </u>
		PERATION 198. CON	IDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED
#		WAS PER	FORMED			IN CERTIFYING CA	USES OF DEATH?
CERTIFIC	2) A A CCIDENT	WAS UNDERLYING	7 218	BLACE OF INTHONY		0/	
	OR CONTRIBUTI	WAS UNDERLYING	hom	e, lorm, foctory, street, of	n or obout 21 C. WHERE DID	? (It in Boltimo	re City, give exoct locotion)
AL	DEATH (notify m		etc.)				
DIC	21 D. TIME (Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
	OF INJURY			le At Not Whil			
-	(A PPROX.)		Wor				
	22 00=41600 1	-ma (1) (abi - b 'i -	4) neen /- 1	no decement 6	3/4/	19 7/ ta	1/8/1072
	22. I certify th	rut (I) (Febberaria)	T) attended ti	he deceased fram	10/ 00/11		1 19 12
	that (I) (aup) I	ast saw the decease	ed alive an	/	7/19 72 and	that in (my) (ous) api	inian death accurred an the date
	and have and	from the courses sta	ted above. (1) (Wa) (did nos) .	riew the bady after deat		
	23A. SIGNATURE			, (Ten the budy diter deal	1110	220 DATE SIGNED
	25A. SIGNATURE	n n			adia -		23 B, DATE SIGNED
	Albus	- B Bu	de		mding Med.	Stoff Phys.	1/10/22
	23C. PHYSICIAN	S	- Vary	DEGREE	23D. ADDRESS		11-110-
	NAME (Typ	e)	0				
	Alber	t B. Bradle	ey, M.D.	DEGREE	4900 Belair	Road 2120	06
24A	. BURIAL CREM.	ATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRI			ity, town, or county) (State)
	REMOVAL (Spe	ecify)	AI	(,1 1 1			, ,
	Burial	1/12/	12 Ne	w (athedral		ultimore, Ma	ryland
25A	. DATE REC'D B	Y HEALTH DEPT.			25C. FUNERAL DIREC	TOR	ADDRESS
	188140	1072	258. NAME C	my Marie	12 13 MA	1 1 200	0 6 11 1 1
	JANIZ	DIE COMPANY			John A. M.	ran, Inc. 300	U. C. Daltimore S.
VS	150-REV. 171/68						



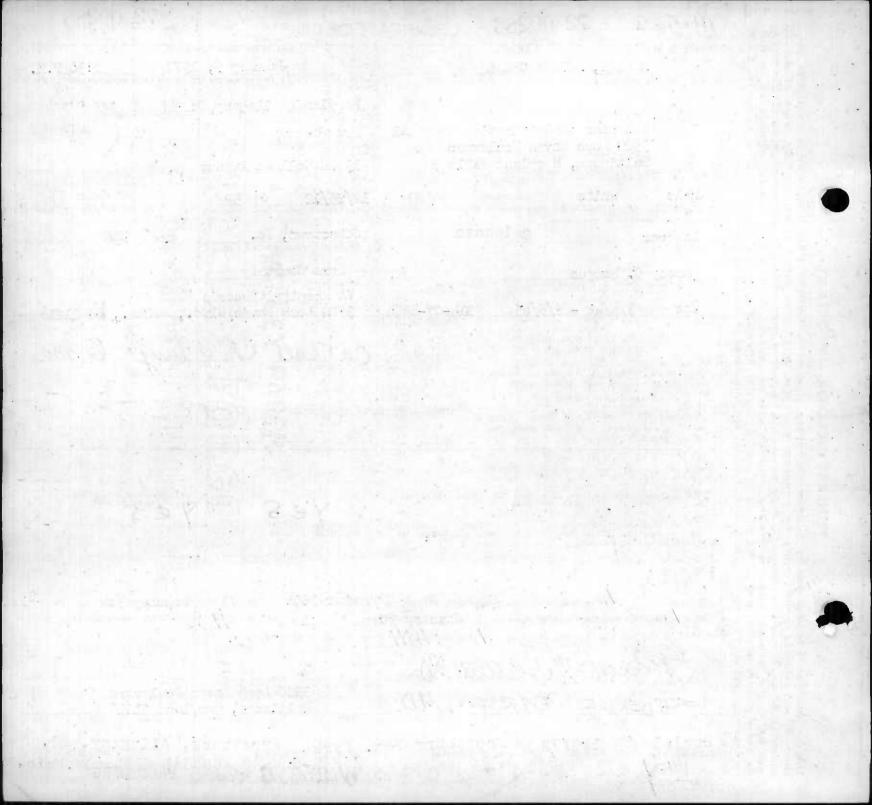
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE	CiTY	HEALTH	DEPARTMEN

X	REG. NO.	72 (10286

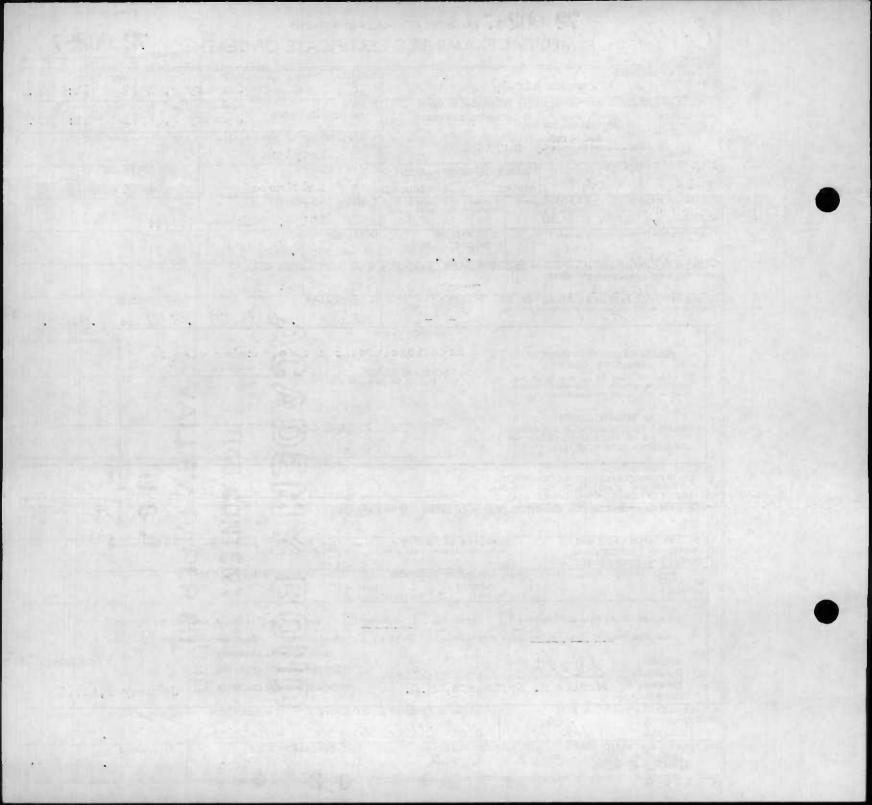
M-52	2 72 0	028	CERTIFICA			REG. NO	72 (10286
BIRTH NO.	CEASED	10,500	CERTIFICA			D HOUR OF DEAT	u	
(Type or Print)		T ODE	-					0.00 0.00
2 PLACE IN BA	MANGUS, DORSE			II4. USUAL RESID	ENCE (When	ary 5, 197	institution: res	idence befare admission
FULL NAME O			TITUTION, GIVE STREET	A. STATE Marylan	B. COUN	agany Co		5100
HOSPITAL OR				C. CITY OR TOW	N		ISIDE CITY LIN	_
23	3900 Loch Rav		ation Hospital	Frostb E. STREET AND			YES	NO 🗌
	Baltimore, Ma			139 E C	analla	Augmin		
S. SEX	6. RACE	-4/-	ED NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years	If Under Manths: D	1 Yr. , If Under 24 Hrs.
Male	White	WIDOW	ED DIVORCED	12/25/12		last birthday) 59		
	CUPATION (Give kind at wark of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar farei	gn cauntry)	12. CITIZE	N OF WHAT COUNTRY
Labore		Cela	anese	Johnsto	wn. Pa		TIS	SA
13. FATHER'S N.				14. MOTHER'S M			0,	
D	0. 16			Nome	Charat			
Dorsey	C. Mangus	ces?	1 6. SOCIAL	IN OMA	Courtne	ЭУ		ADDRESS
(Yes, na ar unknav	(If yes, give war ar date	s of service	e) SECURITY NO.		pital 1	Records		
Yes	3/4/42 - 5/9	5/45	274-07-4884			ven Blvd.	Ralto	Ma orone
OTHER SIGN TO THE DOT	ASE OR CONDITION DI LEADING TO DEATH not mean the made of a constant of the made of a constant of the made of a constant of the made of a constant of the made of	dying, a the disea death.) any, giv staling NTRIBUTINEE TERMIN 1 (A). DITION FORMED	ing DUE TO, OR AS the (C)	20 A. AUTOPSY	? (Yes ar Na	IN CERTIFYING	E FINDINGS (AUSES OF DIOTE City, give	EATH?
DEATH (nati	fy medical examiner		etc.)				No.	
21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)	(Haur)	While At Nat Wark Wark Nat Wark	e 🗂	M DID IN1	URY OCCUR?		
22 carett	by that (M (this bassies)) attende	d the deceased fram D)th	19 77 to In	nuanir E	(+h 10 72
that (II) (w	e, lost sow the decease	olive o	January 5t	d	ond th	at in (pry) (our) o	pinion deoth	n occurred on the dat
		ed obeve	. (1) (We) (did) (d/d/d/d/)	riew the body af	ter deoth.		loor =	CICNED
23A. ŞIGNA	deek 1/1	Ked	PLODOLMA AMPHY	ending Me	d. ector	Staff Phys.	23B. DATE	SIGNED
23 CV HYSIC NAME				23 D. ADDRESS	1900 To	ch Raven B	0110	a
FEL	DERICK DA	TAR	SON, MI)					
24A. BURIAL CI		240	NAME of CEMETERY OF CR	EMATORY	altimo	ocation	nd 2121 (City, tawn, ar	caunty) (State)
Burial	1 10/70	T	rosthurg Mar	m D1	Fre			any, Md.
	D BY HEALTH DEPT.		rostburg Mei	25C. FUNERAL	DIRECTOR	stburg,	T HUM	ADDRESS L.60W. Main
JAN :	12 19/2 Valley	Car No	they seal of	A CANADA	A YP	DUIDA	FROSTB	URG . Ma III

VS 150-REV. 1/1/6B



B	-	640	
	-	670	

BIRTH NC.	MED	PICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO		1691	
I. NAME OF DEC	Samuel	Birel	Ly	2. DATE OF DEATH	Known A	Month Janua	Doy ry 9, 1	Yeor L972	Hour 12:05	A
	TIMORE, MARYLAND, N			3. DATE	UNICED DEAD	Month	Doy	Yeor	Hour	TVI,
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INST	TITUTION, GIVE STREET		UNCED DEAD		ry 9, 1		112:05	A.M.
	Baltimore Cit	y Hos	spital	S. USUAL R A. STATE	Maryland	deceased liv	ed. If institutions. COUNTY	on: residence b	efore odmiss	ion)
6. SEX	7. RACE	8. MARR	IED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
Male	White	WIDOW			Baltimore		Υ	ES X	10 O	
9. DATE OF BIRT	1921 lost birthdo	y)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET	121 E. Gi	ttings	Street			
11. BIRTHPLACE (S	tate or foreign country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	1 0 0	,				
Maryle	and .		U.S.A.		el J.Bire				- 7-0	
fone during most of v	PATION (Give kind of work vorking life, even if relifed).	14B. KIND	OF BUSINESS OR INDUSTRY	AA	. /	/E				
	ED EVER IN U.S. ARMED	FORCES	2 17 500(4)	Hargar						
Yes, no or unknown)	(If yes, give war or dotes	of service)	17. SOCIAL SECURITY NO. 215-18-9286	18. INFORM	ed L.Bires	Ly 121		ings St	Balto	e
19: 4/2	141		CAUSE OF DEAT	тн				APF	ROXIMATE INT	ERVAL
	E OR CONDITION DIRE	CTLY	Arterioscl	erotic	cardiovas	cular o	disease			
feet	LEADING TO DEATH of mean the mode of dy	ing e.g	(A)IMMEDIATE C	AUSE						
heart foilure	osthenio, elc. It means the	disease.	DUE TO, OR A	AS A CONSEQ	UEN CE OF:					
	NTECEDENT CAUSES OR CONDITIONS, IF ANY	GIVING	(B)	AS A CONSEC	DUENCE OF					
RISE TO THE	ABOVE CAUSE (A) STA	ING THE		A COMOL	TOLINGE OF.					
N	TO CONDITION CASI.		(c)							
OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUT	ING							100
DISEASE OR	TH BUT NOT RELATED TO CONDITION GIVEN IN PA	ART 1 (A).	-						******	
20A. DATE OF	OPERATION 208. CON	INDITION	FOR WHICH OPERATION WA	S PERFORM	ED			21. AUTOP	SY? (Yes or	No)
1/4						50			es	
UNDERLYING	OR CONTRIB-		228.PLACE OF INJURY (e.g., in home, form, foctory, street, office	bldg., etc.)	2C. WHERE DID (I	f In Soltimore	City, give ex	oct location)		
OF INJURY	Month) (Doy) (Year) (Hour		2	2F. HOW DID INJ	URY OCCUI	27		-	
(APPROX.)			m. WHILE AT NOT Y	ORK						
23.	the short half and t		1	(T)			1000			
		nquiry L		opsy X	and that on thi		45.0			
result	ed from: Natural cau	EOS ICH	Accident Suicid				ed monner l			
ACTUAL	- Charl	2.1.	- International		THIEF MEDICAL EX		<u> </u>	1	DATE SIGNI	ED
SIGNATU EXAMINI NAME (T	R'S Charles	S. Spi	ringate, M.D.		CIATE MEDICAL EX		7	uary 9,	1972	
24A. BURIAL CREA	AATION. 1248, DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D. L	OCATION		n, or county)	(Stote)	_
REMOVAL (Specifical	1/12/	72	Cedar Hill Cen			ltimor		Mt.	151516	
25A. DATE REC'D	BY HEALTH DEPT	258. N	AME OF REGISTRAR	25C. F	UNERAL DIRECTOR	R	A	DDRESS 130 E.	Fort A	ve.
S 151-PEV 1/1/AR		1	7 9 0	00	1000					



the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased occurred in a hospital was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. contributing cause or his assistant if death if the direct IMPORTANT Also, approved by the chief medical examiner FUNERAL DIRECTOR: examiner. to the hospital by a medical

This certificate must be the body was released

and death attendance on the

Such

-	1 1)	RAI TIMODE CITY	HEALTH DEPARTMENT		(1)			
	7-340 72 002			REG. NO.	72 00288			
	RTH NO.	CERTIFICA	TE OF DEATH					
	NAME OF DECEASED - POPLED A	inelle.	2. DATE AND HOUR OF DEATH					
1				muary 9-7				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P. SINAI HOSPITAL	RONOUNCED DEAD	A. STATE B. COU	ere deceosed lived, If ins	titution: residence before admission)			
FL	ILL NAME OF (IF NOT IN HOSPITAL OR I	INSTITUTION, GIVE STREET	Md	BALTO	5300			
ΙÑ	OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIC	DE CITY LIMITS?			
0	CINAL HOCDITAL		BALTO		YES NO			
130	SINAI HOSPITAL		E. STREET AND NUMBER	. 10 - 11	0 (
5.	SEX 6. RACE 7. AAAE		3408 M		Rd			
	MAI	RRIED NEVER MARRIED		9. AGE (In years last birthday)	Months Doys Hours Min.			
10/	TEMALE CAUCASION WIDO	OWED DIVORCED	9-23-06	65				
do	ne during most of working life, even if retired)	AD OL BOSINESS OK INDUSIKI	II. BIRIMPLACE (State or lon	aign country)	12. CITIZEN OF WHAT COUNTRY			
L		r HOME	BALTIMORE, MA		USA			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	.ME				
	SAMUEL SHERMAN		CARRIE HESS					
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or doles of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	NO	Jacobani No.	MD DHIITD TAFT	TE 3408 MID	FIELD RD., #21208			
	18. E 8 1 V I	CAUSE OF DEATH		LL, 3400 MID	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY		1/1	1.10.	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE CIERNIC 1	Acidosis	Years			
	(This does not mean the mode of dying, heart foilure, asthenio, etc. It means the dis	e.c	A CONSEQUENCE OF:					
	injury or complication which coused deoth.)		1, 0	Plles				
	ANTECEDENT CAUSES	(B) CN	Emic Kena	1 falles	e years			
	DISEASES OR CONDITIONS, if any,	iving DUE TO, OR AS	A CONSEQUENCE OF:					
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(c)	A lable					
	11	(0)						
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING	emilily					
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	*************************	27					
IFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208 IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?			
CERTIF	21A ACCIDENT WAS UNDERSTOOD TO							
AL C	OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in hame, farm, foctory, street, of		(If In Boltimore	City, give exact location)			
U	DEATH (notify medical examiner)	etc.)						
AEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?				
2	(APPROX.)	While At Work Not While	· 🗆					
	22. I certify that (I) (this hospital) attend	ded the deceased from	12-29	19 // to /-	19/2			
	that (I) (we) last sow the deceased office				Ion death occurred on the date			
	and hour and from the causes stoted abo		lauraha hadu aftan danat	int intiny, tool, opini	ion geoin occorred on the gole			
	23A. SIGNATURE	/ (1) (110) (414) (414)	iew the body diter death.		23B, DATE SIGNED			
	1 This	Affec	nding Med.	Shaff M	1-9-78			
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys	3D. ADDRESS ()	Phys.	1 /- 16			
	NAME (Type) Mante	w	Lina.	Ham	Tal			
24/	BURIAL CREMATION, 1248, DATE 12	DEGREE	MATORY	OCATION (C)				
	KEWO AMP (phecily)	BETH EL MEMORIAL		RANDALLSTOWN,	MARYIAND (Stote)			
1	201/TUD T-TO-15	STATE OF THEORY	4 4 12 141					

JAN 12 1972 258 NAME OF REGISTRAR

25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1	79 (1028	BALTIMORE CITY	Y HEALTH DEPARTM	ENT	72.002	60
BIRT	1-630 H NO.		iuico:		TE OF DEA	TH REG. NO		23.67
	AME OF DEC	EASED			2. D	ATE AND HOUR OF DE	ATH	
ПУР	e or Print)	ELSIE H	ERWOOD		J	ANUARY 7, 197	2 7:5	5 P. M.
		TIMORE, MARYLAND,			4. USUAL RESIDENCE	E (Where deceased lived. COUNTY	If institution: residence bel	
HO INS	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOC	TAL OR INS	TITUTION, GIVE STREET	C. CITY OR TOWN		INSIDE CITY LIMITS?	
0	3705 N.	CHARLES STR	EET		BALTIMO E. STREET AND NUM 3705 N.		YES □ NO ET #21218	
5. SI	FEMALE	6. RACE WHITE	WIDOW		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If	Under 24 Hrs. urs Min.
		working life, even if retired)		OF BUSINESS OR INDUSTRY	BALTIMORE,		USA	AT COUNTRY?
13. F	ATHER'S NAM	ΛE		The Market Control	14. MOTHER'S MAIL	DEN NAME		
	SAMUEL				FANNIE	GOLDSTEIN		
15. V (Yes,	Vos Deceased no or unknown)	Ever in U. S. Armed Fo	rces? es of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT			21218
	NO			CAUSE OF DEAT		P. HERWOOD,		ES ST.
Ĕ	heart failure, injury at cam DISEASES Crise to the UNDERLYING OTHER SIGNIF	al mean the mode a asthemia, etc. Il mean plicolian which caused ANTECEDENT CAUSE OR CONDITIONS, if a abave cause (A) GONDITION last.	s the disea death.) S any, given stating ONTRIBUTINTHE TERMIN	(B) DUE TO, OR AS	A CONSEQUENCE OF:	e tas tuses	Cres 2-3 M	
	19A. DATE OF	OPERATION 198. COI	NDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Y	es of No 20B. IF YES, W	ERE FINDINGS CONSIDER CAUSES OF DEATH?	ED
0	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAU				in or about 21 C. WHERE office bldg.	DID (If in Bol CUR?	itimore City, give exoct local	lion)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour)	While At At Work	ile 🗀	DID INJURY OCCUR?	, ,	
	22. I certify	that (1) (this haspite	l) attende	d the deceased from	21	1971 ta	1/7/72	19
		last saw the deceas		1/-/		and that in (my) (aur)	aplnian death occurre	d an the date
	and haur and	fram the causes sta	ated abave	, (I) (##E) (did) (did at)	view the bady after	death.		
	23A. SIGNATU	RE Sol S	7	A Bh.	ending Med.	Staff Phys.	23B. DATE SIGNED	2_
	23C. PHYSICIA NAME (T			DEGREE ""	23D. ADDRESS	- 10,20		
		SOL SMITH	I	DEGREE	6810 PARK	HEIGHTS AVENU	E	
24A	BURIAL CREATE BURIAL	MATION, 24B. DATE 1-9-72		NAME OF CEMETERY OF CRALTIMORE HEBREW	REMATORY	BALTIMORE, M	(City, town, or county) ARYLAND	(Stote)
25A	JAN 12	1972 Page 0		OF REGISTRAR	25C. FUNERAL D	IRECTOR	ADDRE 010 REISTERST	
1/5 1	50-REV 1/1//	R			*			

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such

1	1	BALTIMORE CITY	HEALTH DEPARTMENT		The state of the s
BHR	7-435 TH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 00290
	pe or Print) Rachel Goldm	an (KLEIN)	2. DAITE AND H	-	19:15 Pm.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where dec	,	1. 1 1009.
I H	LL NAME OF (IF NOT IN HOSPITAL OR INS		C. CITY OR TOWN	Utimore D. INSIDE	CITY LIMITS?
11	= Good Samulian	Iva.	BULLIMORE .	Y	ES MO NO
	Baltimore, M	d.		rave.	
S.	FEMALE WHITE WIDOW		B. DATE OF BIRTH 9. AG	SE (In years birthday)	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Haurs Min.
	N. USUAL OCCUPATION (Give kind of work 10B. KIND to during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign co		2. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	HOME	ENGLAND		USA
13.	Hyman Fredman		Betsy Solo		
(Y e	Was Deceased Ever in U. S. Armed Farces? s,na ar unknown) (If yes, give war ar dates of service	16. SOCIAL SECURITY NO. 220-54-7252	17. INFORMANT MR. HAI	RRY KLEIN,	18 GAYLORD ROAD
X	NO NO	CAUSE OF DEATI	1/	TRUMBILI	CONN. 06611
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, or	(A) IMMEDIATE CAL	se Metastatic Ca	rcinorne	& Mon.
	heart failure, asthenia, etc. It means the diser injury or complication which caused death.)		A CONSEQUENCE OF:	,	
	ANTECEDENT CAUSES	(a) Carc	in oma of Co	o/on	2VVS.
	DISEASES OR CONDITIONS, if ony, give	illig	A CONSEQUENCE OF:		
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	(C)	000000000000000000000000000000000000000		
z	II CONTRIBUTION	10	SCVD		
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL /T	20 / P		
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 IN	B. IF YES, WERE FIN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, of etc.)		(If In Baltimore C	City, give exact location)
VEDIC	21D.TIME (Manth) (Day) (Year) (Haur) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
>	(APPROX.)	Wark Nat While At Wark	7/	1	/
	22. I certify that (this hospital) attended	. 1 - 1 - 1	,	10	,
	that (W (we) last saw the deceased alive			n(my) (ou r) apinio	on death accurred an the date
	and have and from the causes stated above	e. (I) (We) (did) (did_nee) (new the body after death.	2	3B. DATE SIGNED
	Mars & Edyan	M. DEGREE Phy	ending Med. Staff Staff Director Phys		1/7/72
	DC. PHYSICIANS NAME (Type)		23D. ADDRESS	11-11	11/ 2/1/0
	Faul J E	dgar M. Sedree	Good Jarn.	140301	7a/ 134/10.
		C. NAME of CEMETERY OF CR	EMATORY 24D. LOCA	TION (City,	tawn, ar county) (State)
24	REMOVAL (Specify)	ITVDA VADDAMI ST	TODANI DA		4315
	BURIAL 1-9-72	IIKRO KODESTII-BE		MORE, MARY	LAND
25	BURIAL 1-9-72	IIKRO KODESTH-BE	25C. FUNERAL DIRECTOR		

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	214 226	AS 00591
CERTIFICA	TE OF DEATH REG. NO.)
	2. DATE AND HOUR OF DE	ATH
	JANUARY 6,1972	9 A. M.
ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	. If institution: residence before odmission)
NSTITUTION, GIVE STREET	MARYLAND	2/1/
		INSIDE CITY LIMITS?
		YES NO NO
		VENUE ADT 503
DIED AITVED MADDIED		
WED DIVORCED	5-8-1889 82	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
AT HOME	RUSSIA	USA
	14. MOTHER'S MAIDEN NAME	
	SARA ?	
vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS #21209
	MR. ALBERT BLANK, 10 SUG	GARLOAF CT., APT. 201
	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	a final	mby 0-11-
(A) IMMEDIATE CA	JSE CLEVE OF WALLES	frem factory
eose,	A CONSEQUENCE OF:	E.N.
142	701/10	8 Wan
(B) J Z	A CONSEQUENCE OF:	
the		v
(C)		
ING		
INAL		
FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, W	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
218 PLACE OF INITIPY (e.g.	in at about 21 C. WHERE DID. (If in Ro	oltimore City, give exact location)
home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	milliore City, give exact location;
21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not Whi	le 🗂	
	1	1000
		1972.
) apinian death occurred on the date
ve. (I) (We) (did) (did not)	view the body ofter death.	23B. DATE SIGNED
AH NAS AH	ending Med. Staff	1-3-72
DEGREE Phy	s. Director Phys.	
		D
DEGREE		
OF A STRAR	COL REVINCOUS DOOS	ADDRESS ADDRESS ADDRESS
	PEATUSON & DEOS.	OUTO REIGIERO TOWN ROAL
	CERTIFICA ONOUNCED DEAD INSTITUTION, GIVE STREET RIED NEVER MARRIED DIVORCED DIVOR AS COSC. (A) IMMEDIATE CALL DUE TO, OR AS DIVORCED DIVORCED DIVORCED DIVORCED While At DIVORCED While At Work DEGREE DIVORCED DEGREE DIVORCED DEGREE DIVORCED DEGREE DIVORCED DEGREE DIVORCED DEGREE DIVORCED DEGREE DEGR	JANUARY 6, 1972 ONOUNCED DEAD ASTATE BLAND C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER 2500 W. BELVEDERE A' SECURITY OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stote or foreign country) AT HOME RUSSIA T. INFORMANT ALBERT BLANK, 10 SU CAUSE OF DEATH (A) MMMEDIATE CAUSE B. COUNTY MARY LAND C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER 2500 W. BELVEDERE A' 10st birthdoy) 10st birthdoy 1

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in

VS 150-REV. 1/1/68

1	(6)		BALTIMORE CITY	HEALTH DEPARTMENT	1	70 000ee
BIRTH N	6.70	29 0020	CERTIFICA	TE OF DEATH	REG. NO	72 00292
	OF DECEASED	12 11/12		2. DATE AN	D HOUR OF DEATH	4
		CROSS, LO			UARY 7, 1	972 2:00 A.M.
3. PLAC	E IN BALTIMORE, MA	ARYLAND, WHERE PR	ONOUNCED DEAD	A, STATE B. COUN	e deceased lived. If	institution: residence before admission)
FULL N	AME OF JIF NO	T IN HOSPITAL OR I	ISTITUTION, GIVE STREET	MARYLAND	HOWARD	21043
HOSPITA	TION	NES HOSPI		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
		& WILKEN		ELLICOTT CI	I Y	YES NO XX
			YLAND 21229	8131 MAIN S	TREET	0300
5. SEX	6. RACE		RIED NEVER MARRIED		9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
MAL		ASIAN WIDO		08/28/07	64	
	IAL OCCUPATION (Ging most of working life, e		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country!	12. CITIZEN OF WHAT COUNTRY
	LL WORKER		EXTILE	MARYLA	ND	U.S.A.
	IER'S NAME			14. MOTHER'S MAIDEN NA	ME	
нС	WARD MARS	HALL CROS	S	I SABELL SUL	LIVAN	
5. Was	Deceased Ever in U.	S Armed Forces?	I & SOCIAL	17. INFORMANT		BALTO MD 21229
YE			217-05-496			RECORDS CATON &
18.	IIMIX	7 203	CAUSE OF DEAT		SFIIAL F	APPROXIMATE INTERVAL
	DISEASE OR CON	IDITION DIRECTLY		R. O.T. I	R	SETWEEN ONSET AND DEATH
491.		TO DEATH	(A) IMMEDIATE CAL	ISE DI COMPAR	Bronc	00 preumon a
hea	s does not mean that failure, asthenia, e	te, it means the dis-	DUE TO, OR AS	A CONSEQUENCE OF:		,
inju	ry or complication w		100	In fluen	2 0	
		NT CAUSES	(B) DUE TO, OR AS	In fewar) ~	
	EASES OR CONDI		the DOE 10, OR AS	A CONSEQUENCE OF	oholis	
UN	DERLYING CONDITI	ON last.	(c) Ch	rome All	onoxi's	ns
-		1				
	ER SIGNIFICANT CON THE DEATH BUT NOT	RELATED TO THE TERMI				
U 19A	DATE OF OPERATION	19E CONDITION	FOR WHICH OPERATION	20A. AUTOPSYT (Yes or No	208. IF YES, WER	E FINDINGS CONSIDERED
2		WAS PERPORMED		YES	IN CERTIFYING C	AUSES OF DEATH?
U JZIA	ACCIDENT WAS UN	IDERLYING T	218 PLACE OF INJURY leagues forme, form, foctory, street, o	n or about 21 C. WHERE DID	(il in Boltim	ore City, give exact location)
	TH Inotify medical ex		etc.)			
Q 21D	TIME (Month) (Day) (Year) (Hous)	21E INJURY OCCURRED	21F, HOW DID INJ	URY OCCUR?	
> 1	PROX.)		While At Not White At Work	•		
22.	i certify that XIX(t)	his hospital) attend	led the deceased from	ANUARY 4	19 72 to JAN	UARY 7 19 71
1			on JANUARY 7			pinion death accurred an the date
			ve (IT (We) (did) ydydynyn y			
	SIGNATURE	1	Y X X X X X X X X X X X X X X X X X X X	, , , , , , , , , , , , , , , , ,		23 B. DATE SIGNED
	Kal	man Bay	um va o Ath	ending Med.	Staff Phys.	1/7/72
23 C	PHYSICIAN'S NAME ITypel		DEGREE	23 D. ADDRESS	Titys	
		VADIMI M	D ,	LIM 2 MOTAS	KENS AVE	NITE
24A. 8U	RAHMAN	KARIMI M.	C. NAME of CEMETERY of CR			City, town, or countyl (State)
RE	MOVAL (Specify)	1 12 12		P	-11:40	my!
	ATE REC'D BY HEALTH	1-10.72 DEPT. 258, NA	MEOF REGISTRAR	125C, FUNERAL DIRECTOR	111011 Why	ADDRESS
1.	AN 1 2 1972	Vassas E.	MISE HEAD OF IT	O SOUR FORM	. /	Elluitt like pad
1	TA THE WATER			The second		11000

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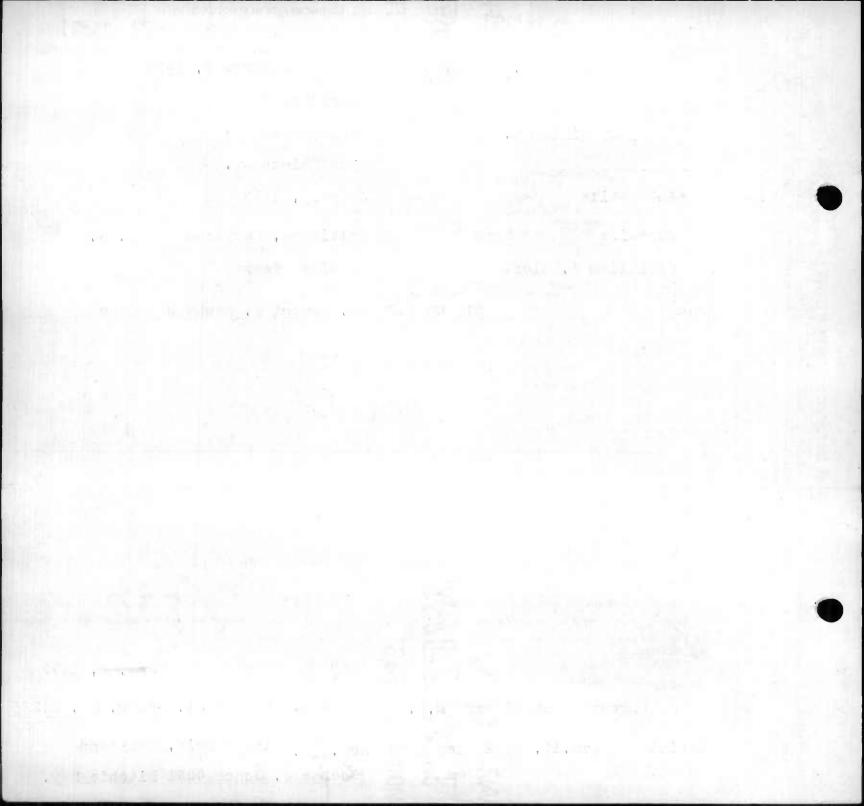
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

79 1000	ERTIFICATE OF		REG. NO	72 00293			
1. NAME OF DECEASED		2. DATE AND H	OUR OF DEATH				
GRATION HARRY E		Jan.	9,197	2 1:20 Am.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD 4. USUAL A. STATE	RESIDENCE (Where dec	ceosed lived. If instit	tution: residence before admission)			
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	VE STREET MARY I			CITY LIMITS?			
SOUTH BALTIMORE GENER	AL BIN	THICUM	Y	ES NO			
3 HOSPITAL	E. STREET	1309 W. NUR	SERY ROAD				
	VORCED 4 //	/12 lost 1	29	If Under 1 Yr. If Under 24 His.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPL	A'CE (State or foreign co	ountry)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired) Mason Construction	ction M	RYLAND		U.S.A.			
13. FATHER'S NAME		S MAIDEN NAME		00,0.113			
QUILLA GRAFTON	Re	SSIE I	BOSLEY				
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIA	L 17. INFORM	ANT	003229	ADDRESS			
	NT NO. Viol	et Young Gr	afton same	e as L			
	2 - 2572 Viol	or roung, ar	ar our som	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	44.0		0 10	BETWEEN ONSET AND DEATH			
(This does not meen the mode of dying, e.g.,							
heort loilure, asthenia, etc. It means the disease, injury or complication which coused death.)							
ANTECEDENT CAUSES 4 Stmach!							
DISEASES OR CONDITIONS, if any, giving (B).	DUE TO, OR AS A CONSEQU	ENCE OF:					
ise to the above cause (A) stoling the UNDERLYING CONDITION last. (C).							
(6).	-						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ANEMIA	***************					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OP WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING TO 121B PLACE OF	ERATION 20A. AUT	OPSY? (Yes or No.) 201 IN	L IF YES, WERE FIN CERTIFYING CAUSI	DINGS CONSIDERED			
OR CONTRIBUTING CAUSE OF home, form, for DEATH (notify medica) examined	INJURY (e.g., in or about 21 clary, street, office bidg., INJ	WHERE DID URY OCCUR?	(it In Boltimore C	ilty, give exact location)			
21D.TIME (Month) (Doy) (Year) (Hous) 21E INJURY O		HOW DID INJURY	O C CUR?				
(APPROX.) While At Work	Not While						
22. I certify that (I) (this hospital) attended the deceas	- A	8 19 7	2 ta &	Br. 9 19 Fil			
that (1) (we) last saw the deceased olive on	- 9 1 19 7	ond that In		on death occurred on the dote			
and hour and from the couses stated above. (1) (We) (di.	d) (did not) view the bod	y ofter death.					
	M-D Attending	Med. T Staff		B. DATE SIGNED			
23C. PHYSICIAN'S	Attending Phys. 23D- ADDRES	Med. Staff Director Phys.	1251	1-9-+2			
NAME (Type)			0 6 4-11	1100 Ditto			
24A BURIAL CREMATION, 24B. DATE 24C. NAME of CEI	METERY OF CREMATORY	24D, LOCAT	ION (City.	town, or county) (Stote)			
	idge Memorial	Park Eller	idae Howay	rd Co Ma			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR.				ADDRESS			
JAN 12 1972 Vales & Jackson 22.	Grk	Ley Tuneral	Home, Gler	n Burnie, Md.			
VS 150-REV. 1/1/68	1400		Windshiel 22	The second secon			

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to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
s: (1)
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11 0			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	00 72	nu294	CERTIFICA	TE OF DEATH	REG. NO	72 00294
1, NAME OF				2. DATE AN	D HOUR OF DEATH	
Trype of Time	Loretta	E. Ne	uhaus		ary 7, 19	
	BALTIMORE, MARYLAND, W			A. STATE B. COUN' Maryland	e deceosed lived. If TY	institution: residence before admission)
HOSPITAL O	R ADDRESS OR LOCA	AL OR INSTITE	JTION, GIVE STREET	C. CITY OR TOWN	In IN	SIDE CITY LIMITS?
INSTITUTION	3807 Ninth	St.		Baltimore	D. 114.	YES X NO
00)00 / 11 11 01.			E. STREET AND NUMBER		110 [2]
00				3807 Ninth	St.	
5. SEX	6. RACE	7. MARDIED I	X NEVER MARRIED		9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
Femal		WIDOWED	DIVORCED		3 58	Months Doys Hours Min,
	OCCUPATION (Give kind of work ost of working life, even it retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
	usewife	Non	e	Baltimore, M	arvland	U.S.
13. FATHER'S		2.00.		14. MOTHER'S MAIDEN NAM		0.0.
	William A. S	lart		Louise Ree		
			19.4		50	
(Yes, no or unk	nown) (If yes, give wor or dote	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			CAUSE OF DEAT		. Newhaus	Same APPROXIMATE INTERVAL
OTHER SING OF CONDUCTION OF CO		dying, e.g., the disease, death.) any, giving stating the STATE S	(C)	20 A. AUTOPSY? (Yes or No) No n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltime	E FINDINGS CONSIDERED AUSES OF DEATH?
(APPROX		Whi	ile At Not While			
22 1	-41f., 4h4 /1\/4h.t h **-1			-	. /	-1- 1077
	rtify that (1) (this hospital				yta/	19 2
					if In(my) (our) of	oinion deoth accurred an the date
and hav	r ond fram the couses star	ted above. (1) (We) (did) (did not) v	iew the body after death.		
23A. SIGI	NATURE		,			23B. DATE SIGNED
	Degene	film	Atte	nding Med. Director	Staff Phys.	Jan. 8, 1972
23C.PHY	SICIAN'S		GEGREE!	23D. ADDRESS		
NA	AE (Type)	ohnit-	- M D	3904 S. Han	owen C+	Bolto Ma 2122
244 8118141		chnitz	er M.D. DEGREE			Balto. Md. 21225
	CREMATION, 248. DATE	24C. N	AME of CEMETERY of CR	EMAIORY 24D. LC	OCATION (City, town, or county) (Stote)
Buri		. 1972	Glen Haven	Mem. Pk. Gle	n Burnie	Maryland
JAN	12 1972	E. WAM	AGA U		once 400	Ritchie Hwy.
VS 150-REV.	1/1/68			440280 01 0	0.100 +00]	LATOURIE HWY.



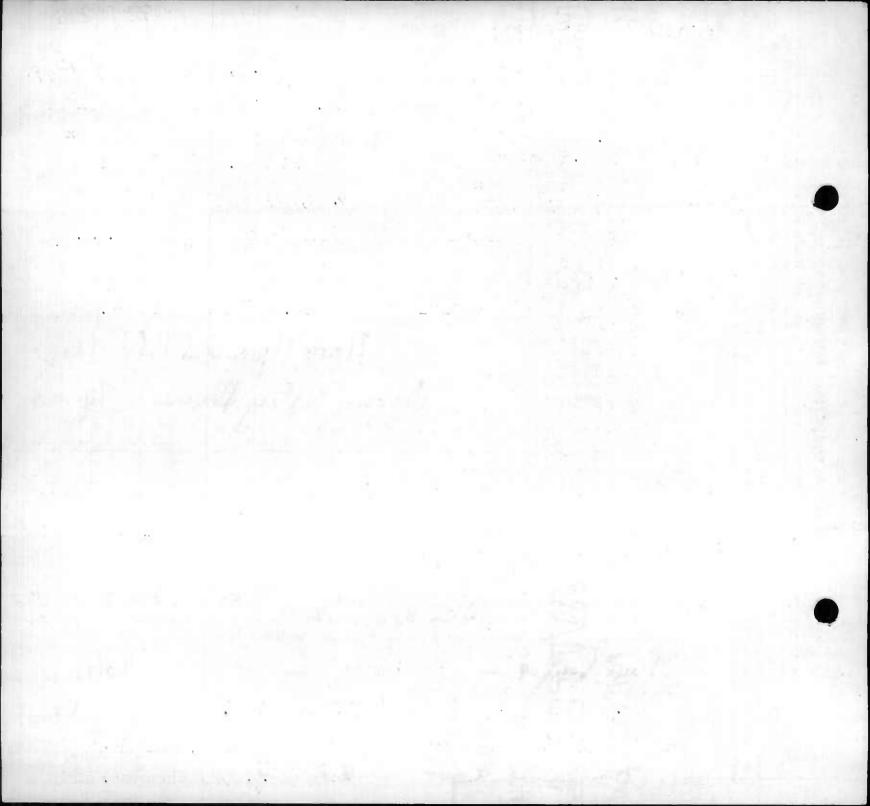
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-65.	3 72	00295		HEALTH DEPARTMENT	X 850 NO	72 00295		
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO			
1. NAME OF D	Ingeline	Kraz	ntz	2. DATE AI	ND HOUR OF DEATH	111 ³⁰ P		
3. PLACE IN I	ALTIMORE MARYLA	ND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If i	nstitution: residence before admission)		
FULL NAME OF	OF (IF NOT IN I	OSPITAL OR IN	STITUTION. GIVE STREET	Md C. CITY OR TOWN	Boltim	ore 5300		
	, , ,	Jospita	,	Battimore		YES NO		
3023	Battimore, md 2/223				1 11 11	51		
5. SEX					est 4111	Rd		
Female	Caucasia	WIDOW		8 / 19 / 3 /	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
done during most	CUPATION (Give kind of warking life, even if re	of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	ign country!	12. CITIZEN OF WHAT COUNTRY?		
HOUSE	wite			RHODE ISLAND		USA		
13. FATHER'S N	AME			14. MOTHER'S MAIDEN NA	ME			
	er Robinson			Angeline (Rad	dloff)			
Yos, no or unkno	ed Ever In U. S. Arm wn) (If yos, give wor	ed Farces? or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
yn house			217-26-3989	George W. Krar	ntz 3606 For	est Hill Road 21207		
18. 5 7	1.01		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISE	ASE OR CONDITION		(man					
(This does	not mean the mor	le of dvina e	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		1600-047		
heart failur	e, asthenia, etc. It r omplication which c	neans the disea oused death.)	ise,	CONSEQUENCE OF:				
	ANTECEDENT CA		or or or	liaguel var	icy	your		
DISEASES	OR CONDITIONS,	if any, giv	ing (B)I	A CONSEQUENCE OF:				
un DERLYI	the above cause	(A) sloling	the aco	solutio di	rhons			
	- 11		10/					
OTHER SIGN TO THE DE V DISEASE OR	IFICANT CONDITION ATH BUT NOT RELATED	CONTRIBUTIN	IG					
	CONDITION GIVEN I	N PART I (A).	PR WHICH OPERATION	120A ALIES BAYA IV	¥ 0.00			
19A.DATE (WA	PERFORMED	K WAICH OPERATION	20A. AUTOPSY? (Yos or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
OR CONTRI	ENT WAS UNDERLY BUTING CAUSE O		21B PLACE OF INJURY (e.g., ir hame, form, factory, street, of etc.)	n or about 21C, WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimor	e City, give exact location)		
21D. TIME	(Manthl (Doy)		1201					
OF INJURY	(Avionia (Doy)		215 INJURY OCCURRED While At Not While	21F. HOW DID INJ	URY OCCUR?			
			Wark At Work					
			d the deceased from	- 01		January 7 1972		
	e) last sow the dec			derena, , minimum oli a 111	at in (my) (our) opi	nian death accurred an the date		
ond hour a	nd from the causes	stated abave	(1) (We) (did) (did nat) vi	ew the body ofter death.				
		ivacan a	M.D. Atte	nding Med.	Shoff 13	23B, DATE SIGNED		
		i uncur a	DEGREE Phys	Director L	Staff Phys.	January 7, 72.		
23C. PHYSIC NAME		IVARANI	in D		OURS HOSI	PITAL		
24A. BURIAL CI REMOVAL			NAME OF CEMETERY OF CRE					
BURIAL			Woodlawn Cemete:			ly, town, or county) (State)		
25A. DATE REC			E-O6 REGISTRAR		llawn Baltim	nore Maryland		
JAN 1	2 1972 3	7 AT 10 1 . n. 164	Can had a	Loring Byers	728 Liberty	Road Randallstown, Mo		
VS 150-REV. 1/1				Por 110 10 10 10	7,20 1100109	Thomas Time Tool of the Tool o		

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1				BALTIMORE CITY	HEALTH DEPARTMENT		72 00200
BIR	*260 th No.	72.0	0296	CERTIFICA	TE OF DEATH	REG. NO	11. 00230
	AME OF DECEA	SED	1 .1 /		2, DATE	AND HOUR OF DEATH	215
-		Porothy Eliz	abeth Lea	iger	4. USUAL RESIDENCE (W	2. 8, 7972	8.12 p.m.
3.	PLACE IN BALIIN	ORE MARYLAND, W	HERE PRONOUN	CED DEAD	A. STATE B. COL	YTAL	Institution; residence delore damps sign)
FU	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTI	ON, GIVE STREET	Md.	Baltimore	5 500
IN	NOITUTION				C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
	ILA	St. Agnes 900 S. Cat	Hospital		E. STREET AND NUMBER		YES NO
	70	900 S. Cat	on Ave		2201 Smith	Ave.	
5. 5	EX 6.	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
1 7	emale	White	WIDOWED	DIVORCED	Nov. 11.1919	52	
		ATION (Give kind of work king life, even if retired)	10B, KIND OF BE	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
l doi	Factory		Untone	רוור	Pennaulvar	nia	U.S.A.
13.	FATHER'S NAME	00.0(00	0.000	-	Pennsylvar 14. MOTHER'S MAIDEN N	AME	
	D	H. Deardon!	P		Fleta Foll		
15.	Was Deceased Ev	er in U. S. Armed For	des?	S. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no or unknown) (If	yes, give war ar date	s of service)	SECURITY NO.	(1.0.	band one c	
-	NO 18, // / /		1	CAUSE OF DEATH		eager 2201 St.	nith Ave. 21227
	4/0	OR COMPITION DIE	TOTI V	CAUSE OF BEATI	1 1	1 1 1	BETWEEN ONSET AND DEATH
		OR CONDITION DIF	RECILI	DATE CALL	Horto Ma	regularion	120t / Day .
		meon the mode of		(A) IMMEDIATE CAU	CONSEQUENCE OF:	0 0000	1
		Ihenia, etc. It means cotion which caused		A	00	N	1
1	AN	TECEDENT CAUSES		" (Ma	no letter	y Vessan	2 142018
		CONDITIONS, if		DUE TO, OR A5	A CONSEQUENCE OF:		9
		above couse (A)	sloting the	(C)	0	Q	
Z	OTHER SIGNIFICA	II ANT CONDITIONS CO	NTRIBUTING				
ATIO		BUT NOT RELATED TO THE					***************************************
E S		PERATION 198. CON	DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
CERTIFIC	0						
CALC	OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING DATE OF edical exominer	21 B. PL home, etc.)	ACE OF INJURY (e.g., i form, foctory, street, of	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
EDIO	21 D. TIME (A	Month) (Day) (Year)	(Hour) 21 E. IN	IJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
1	(APPROX.)		While	At Not White			1
	22. I certify th	at (1) (this haspital			Jan	1950 to	Jan 8 1972.
		st saw the decease		Deen 8	15	that in (my) (aur) on	pinian death occurred an the dote
				We) (did) (did not) v	iew the body after death		
	23A. SIGNATURE		00 000 00 (1)	, (414) (414 1141) 1	/	10	23B, DATE SIGNED
	110	Polo X Pos	- les		nding Med.	Staff	1/10/12
	23C. PHYSICIAN	s real		DEGREE Phys	23D. ADDRESS	Phys. —	110172
	NAME (Type) D / C./.	0 11		0001 1	01	
244	BURIAL CREMA	ATION 24B DATE	on eld.	DEGREE OF CEMETERY OF CRE	2307 Annapoli	S Kd.	City, town, or county) (State)
24/	REMOVAL (Spe		240. ITAN	to of Centered of Car	240.	- (C	ony, lown, or county) (31016)
-	Burial	1/12/7		inwood (emete		Fernwood, Pe	ennsylvania
25/	DATE REC'D BY	HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECT	QR	ADDRESS
	AN 12 79	MARGE EL	Wassey A		Oc Cully F.	1. 237 Pata	osco Ave. 21225
VS	150 - REV. 1/1/6B		duster				



	S-612 BALTIMORE CITY HE	ARREST CALLERY AND AND AND AND AND AND AND AND AND AND
	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.
	BIRTH NO. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
1	ROBERT Je GRAVES	OF Estimoted T. Tanuary 7, 1972
1	. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
1	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR INSTITUTION ADDRESS OR LOCATION)	PRONOUNCED DEAD January 7, 1972 8:05 P M.
SK		5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
	3711 Wilkens Ave.	Maryland 255
1	MARKIED NEVER MARKIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Male White WIDOWED DIVORCED D	Baltimore YES X NO
,	DATE OF BIRTH 10-AGE (In years lost birthday) 62 If Under 1 Yr. If Under 24 Hrs. Months; Doys, Hours Min.	E. STREET AND NUMBER 3711 Wilkens Ave.
1	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
	Maryland WHAI COUNTRY?	Pan and II Gua
T.	4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Bernard W. Graves 15. MOTHER'S MAIDEN NAME
Id	one during most of working life, even if retired)	Nellie Sadler
1	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Nellie Sadler 18. INFORMANT ADDRESS
10	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 216-10-3732	
-	19. 1 / 19 // CAUSE OF DEA'	Mrs. Nellie K. Frame, 3711 Wilkens Ave. 2122
	14/1/41	BETWEEN ONSET AND DEATH
1	DISEASE OR CONDITION DIRECTLY Arteriosclero	tic cardiovascular disease
	(This does not mean the made of dylng, e.g.,	AUSE US A CONSEQUENCE OF:
	heart failure, osthenio, etc. It means the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:
	ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
		AS A CONSEQUENCE OF:
	UNDERLYING CONDITION LAST. (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
-11		Y
	UNDERLYING OR CONTRIB. home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?
1	UTING L CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
1	OF INJURY WHILEAT NOT	WHILE -
-	23.	ORK L
	1 certify that I held on Inquiry Inspection Aut	opsy X and that on this basis, death in my opinion
	resulted from: Natural couses X Accident Suicid	e Homicide Undetermined manner
	ACTUAL CI OD CONTO	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE Monds J. Jamgal & M.D.	ASSISTANT MEDICAL EXAMINED XI
	EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER ☐ 1-8-72
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
1	Burial 1-11-1972 Western Cemet	ery Baltimore, Maryland
1	SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	IAN 1 2 1972	Howard H. Hubbard, 4107 Wilkens Ave. 21229
L	S 151-REV. 1/1/68	9 0 2 9 6
-		V

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

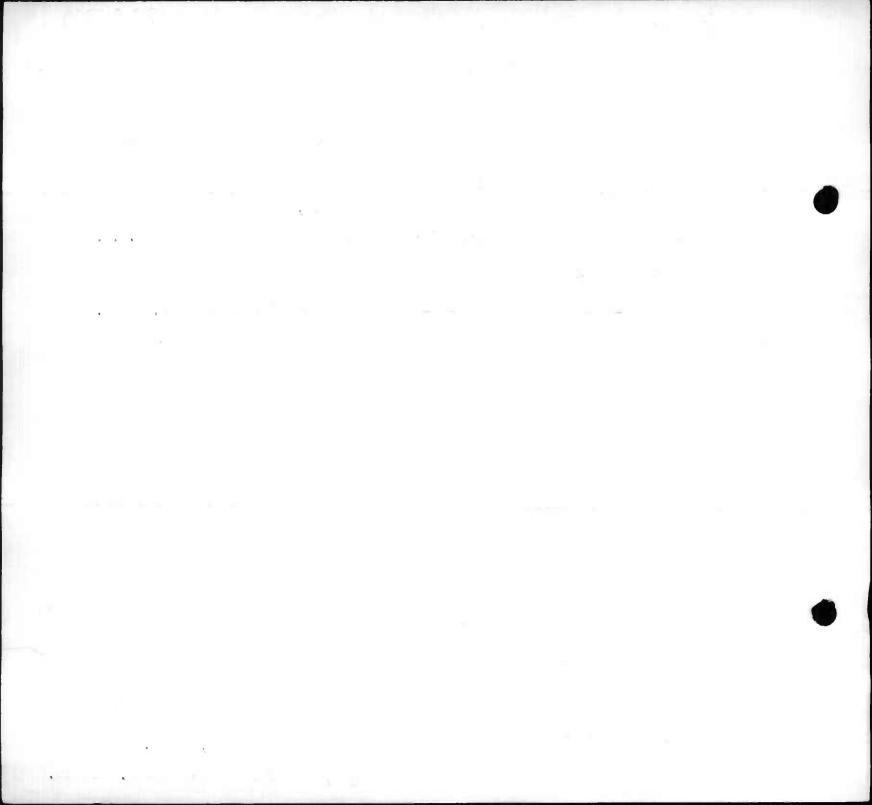
11	1/		11/4/12	DALTIMODE CITY	/ LIE ALTIJ DEDA					
	4-7/1	72.0	11293	BALTIMORE CITY			× ma	NO.	2 110	205
BIF	TH NO.			CERTIFICA	TE OF DE	EATH	REG.	NO		~1.7°.1
	NAME OF DEC	EASED				2. DATE A	ND HOUR OF	DEATH		
11	BESS'LE	MAE		HEISER		J	January	8. 1	1972	
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESID	B. COU	ere deceased liv	ed. If inst	itution: residen	nce befare admission)
FU	LL NAME OF	OF NOT IN HOSPIT	AL OF INST	TUTION, GIVE STREET	Marylan			ne Aru	ınde1	E 31m
H(STITUTION	ADDRESS OR LOCA	TION)	TO HOM, GIVE STREET	C. CITY OR TOW	N			E CITY LIMITS	2 200
1	1 100	South Baltime	oro Con	eral Hospital	Ferndal				YES T	№ 🕅
1	+3	South Baltime	ore Gen	erar Hospital	E. STREET AND	NUMBER			11.3	NO (A)
					105 Cas	well A	venue			
5. :	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT		9. AGE Un yes	ors	If Under 1 Yr	if Under 24 Hzs.
	Female	White	WIDOWE	37	5-8-1906		last birthday	,	Manths Days	Haurs Min.
10A	USUAL OCCI	JPATION (Give kind at work	108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fare	eian cauntry)		12. CITIZEN C	OF WHAT COUNTRY?
Joan	e during mast af Hous ewif	warking life, even if refired)								
_	FATHER'S NA		<u> </u>		Penna.				U.S.	.A.
					14. MOTHER'S N		ME			
		orge Becke	_		Unk	nown				
15. (Ye:	Was Deceased	Ever in U. S. Armed Fore	ces? S of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADD	DRESS
1	No			179-10-8849	Mr. Oliv	er Wei	ger 105	Canr	7011 Arr	21061
	18. //	A 01		CAUSE OF DEAT		er Her	ser, 103	Casw		PROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIR	ECTLY							EN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAU	ee () -	T. Co		celus		
	(This does n	at moon the mode of asthenia, etc. It moons	dying, e.g.	DILETO OP AC	A CONSEQUENCE	Of:	ronay 0	160	//-	
	injuty of cam	plication which caused	death.)				,			
	-	ANTECEDENT CAUSES		1.1.	· · · · · ·		A = 115		,	
	DISEASES O	R CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE	OF:	ASNI	nace		
	rise to the	abave cause (A)	slaling the) chest	n.	o l. lu			
	ONDERLING	CONDITION IOSI,		(c)	1) also	1/2	cu-			
z	OTHER SIGNIE		IXBIDITY							
5	TO THE DEAT	CANT CONDITIONS CON H BUT NOT RELATED TO TH	E TERMINAL							
ERTIFICATION	19A. DATE OF	OPERATION 198 CONT	1 (A).	WHICH OPERATION	120 A ALITOREY	2 (Vac at N	200 15 456			
TIF	0	WAS PERF	ORMED	THE STEAMON	207. 40 10131	ries ur in	IN CERTIFYIN	IG CAUS	ES OF DEATH	A?
LOI	21A. ACCIDEN	T WAS UNDERLYING	211	PLACE OF INJURY (e.g., in	or about 21 C. WH	FRE DID	HE to E	2-141	Chr.	15 4 3
	OR CONTRIBU	TING CAUSE OF	hor	ne, form, factory, street, of	ico bidg., INJURY	OCCUR?	pi in i	saismare (City, give exac	it location;
121	21D. TIME									
ME	OF INJURY	(Month) (Doy) (Year)	1	INJURY OCCURRED Not While		W DID IN	URY OCCUR?			
	(APPROX.)		w		' 🗆 📗				1	
	22. I certify	that (1) (this hospital)	attended t	the deceased from	.1960	7	19ta	(ton :	3 19 72
	that (I) (we)	last saw the deceased	dalive on_	1-2	19 7~	and th	at fn (mv) (o	elalas (e	n death occ	curred on the date
	and hour and	from the causes state	ed abave. ((((did not) vi	aw the hady aft			., .,	200111 000	Ported oil the gate
	23A. SIGNATU	RE		7,1027,1037,1037,17	ew the body dit	er dedin.		22	B. DATE SIGI	NED
		011- BX	1.1	Atter	ding Me		Staff [2		1
	23C. PHYSICIA	73		OEGREE Phys.	3D. ADDRESS	ector L	Phys.		1/8	172
	NAME (Ty	roel	B. Tat	1		ma 1 A	00110 0	T. 01	Dan Dan es	- 1/1
244	Bullet Cra			DEGREE	108 Cent:	ral WA	enue, S.	We GI	ensurni	le, Ma.
ZAA	REMOVAL IS	pecifyl		AME of CEMETERY of CRE			OCATION		tawn, ar caun	•
	Burial	1-13-197	2 Sk	y View Memoria	1 Park	Sc	huylkill	Coun	ty, Pen	ına.
25A	DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL	1				DDRESS
	JAN12	1972 Valla St	C. Jak	1 C C CSA	Howard	A. Hu	bbard, 4	107 W	ilkens	Ave. 21229

COLUMN TO AN EXCELLENT STREET . 101.23 THE WATER A STREET

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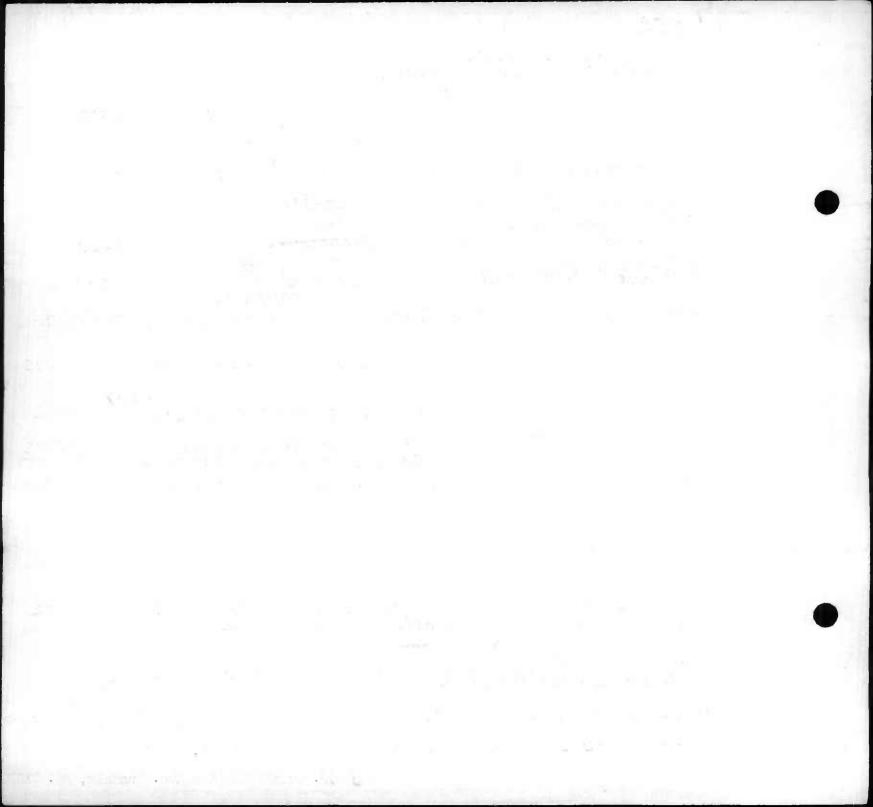
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D-600 BIRTH NO.		11111100	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO.	72 00299
1. NAME OF DECI	nToinette	Does	2. DATE AND HOUR OF DEAT	1 3:30 P
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Where deceased lived. If	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland	2404 ASIDE CITY LIMITS?
00	1504 Batte	ry Avenue	Baltimore E. STREET AND NUMBER	YES 🖟 NO 🗌
5. SEX Female	6. RACE White	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yours liest birthday)	II Under 1 16 II Under 24 Hrs. Months! Doys Hours Min.
10A. USUAL OCCU			August 14, 1936 35 11. BARTHPLACE (State of foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	t McMarus		14. MOTHER'S MAIDEN NAME Marie Schafer	0.000
15. Was Decsosed (Yes, no or unknown)	Ever in U. S. Armed For Ill yes, give wor or dote	s of sorvice) 16. SOCIAL SECURITY NO. 212-34-4361	17. INFORMANT Frank Donr 1504 Battery +	Address Ave. Balto.
OTHER SIGNIFICATION OF CONTRIBUTE OF INJURY	LEADING TO DEATH If mean the mode of istheria, etc. it means of istheria, etc. it means of its	ony, giving stating the (C). ITRIBUTING (ETTERMINAL I. (A). DITION FOR WHICH OPERATION ORMED Shorter, Lugar home, larm, foctory, street, of cities of the control of the	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? IYOS OF 20B. IF YES. WERI IN CERTIFYING C IN CERTIFYING C IN JURY OCCUR? 21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give sxect location)
that (1) (we) 1	from the causes state Complete Control ATION, 248. DATE ocity)	Work At Work attended the deceased from Additional of alive an Additional of Additiona	19 7/ ta // 19 7/ ta // 19 7/ ta // 19 7/ ta // 19 7/ ta // 210 and that In (my) (our) applies the bady after death. Med. Director D Shaff D Phys. D Phys. C	238, DATE SIGNED Ref Backo. 21225 City, town, or county) ISlots)
Burial 25A. DATE REC'D B JAN 12 VS 150-REV. 1/1/68	1/13/72 THEALTH DEPT.	Cedar Hill Ceme	Baltimore, 25c. FUNERAL DIRECTOR MO CYLLY Furgral Homes	Md. 130 E. Fort Ave.

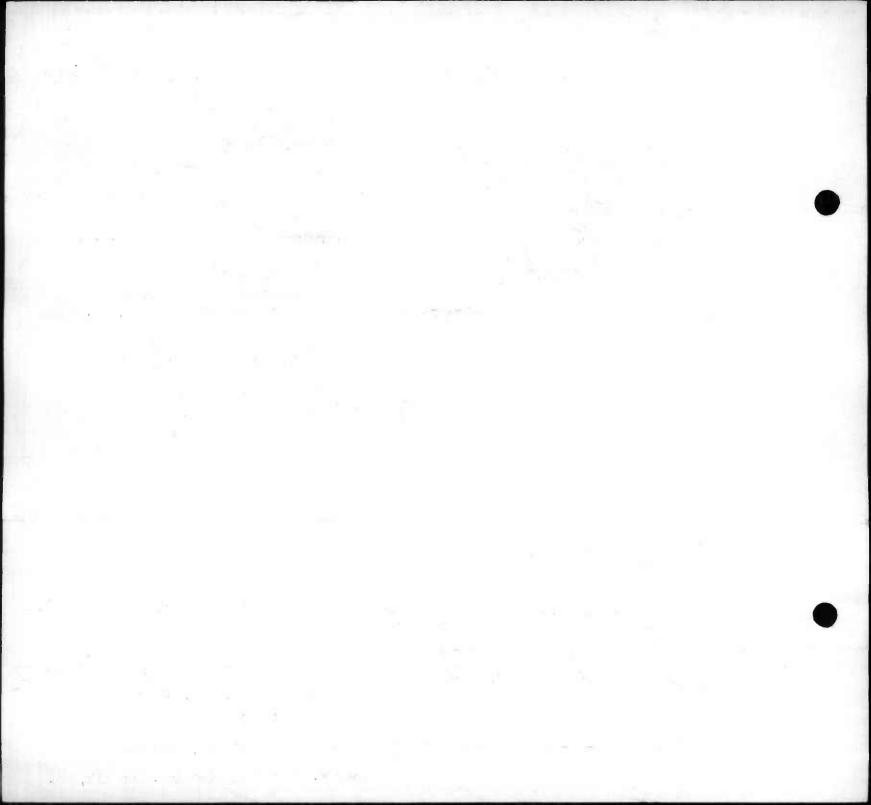


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C-552 72 00300 BALTIMORE CITY HEALTH DEPARTMENT 72 00300						
	CERTIFICATE OF DEATH REG. NO					
	NAME OF DECEASED Helen M. Cumingham 2. DATE AND HOUR OF DEATH					
1	HELEN CUNNINGHAM 17 JAN 1972 17:55 A. M.					
11,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNGED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence belorg admission) A. STATE B. COUNTY					
11+	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN DUNDALK D. INSIDE CITY LIMITS?					
ll'	45 BALTIMORE YES NOT					
	E. STREET AND NUMBER					
	SEX GRACE ROSPITAL 806 JAYDEE AVENUE					
1100	MARRIED NEVER MARRIED 6. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs. lost birthdov) Months! Doys ! Hours: Min.					
	TEMALE CAUCASIAN WIDOWED J DIVORCED 10-22-1912 59					
de	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	HOUSEWIFE - MARYLAND USA					
13	FATHER'S NAME					
	ANDREW COMPTON SOPHIA GLASS					
15	Was Descreed From in II. S. A. and E					
-	SECURITY NO.					
-	118 CATHERINE CARUSO 806 SAYDEE					
	DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	LEADING TO DEATH					
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc., it meens the disease,					
	injury ar complicolian which caused death.)					
	ANTECEDENT CAUSES (B) MULTIPLE PHYMONARY EMBOLI 30 DAYS					
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF					
	inse to the above cause (A) stating the UNDERLYING CONDITION tost. (C) HYPERTENSIVE AMERIOSCIEROTIC 10 VEARS					
	CARDIOVASCULAR DISEASE					
Z						
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL CHRONIC PULMONARY OBSTRUCTIUG DISEASE UNKNOWN DISEASE OR CONDITION GIVEN IN PART 1 (A).					
ERTIFICATION	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 19B CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	NO IN CERTIFING CAUSES OF DEATH?					
0	OR CONTRIBUTING CAUSE OF home, form, fociory, steet, effice bldg. INITIES OCCUPY					
CAL	DEATH (notify medical examine) etc.)					
MEDI	OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
1	(APPROX.) While At Work At Work					
	22. I certify that (N) (this hospital) attended the deceased from 24 Nov. 19 7/ to 7 JAN, 19 72					
	that (1) (we) last sow the deceased alive on 7 JAN 19 72 and that In (my) (aur) opinion death occurred on the date					
	and hour and fram the couses stated above. (1) (We) (did) (did not) view the bady after death.					
	23A- SIGNATURE 23B. DATE SIGNED					
Attending Med. Stoff						
	23D. ADDRESS					
	MI GOOD SHITTEN HOSPITAL					
24	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, fown, or county) (Stole)					
25	Burial 1-11-72 Parkwood Cemetery Baltimore, Maryland					
	JAN 12 1972 Wise Ave. Dundalk, Md. 2122					
1	150-REV. 1/1/AR					



BALTIMORE CITY HEALTH DEPARTMENT 72 00301 CERTIFICATE OF DEATH of death Deceased I NAME OF DECEASED 2. DATE AND HOUR OF DEATH Mary R. (Type or Print) uo hospital death. 3. PLACE IN SALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution residence halore admission attendance (4) Undetermined cause; (5) contributing cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OF TOWN D. INSIDE CITY LIMITS? 9 8 NO A prior NUMBER Shortway disposition is made. regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years II Unifer 1 Ye. · MARRIED NEVER MARRIED II Under 24 Hrs. deceased lest birthdey male WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or larging 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) death 2 U.S.A. Maryland ouse Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct Michael Zamenski Zlizabeth Balcer eath CO kind; 15. Wes Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown! (II) yes, give wor or doles of service) 6. SOCIAL Husband: 17. INFORMANT 3124 Appress final SECURITY NO. attendance Frank J. Peterson 220-07-2793 Dundalk, Md. 21222 ŏ No any CAUSE OF DEATH pronounced 10 APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenie, etc. It means the disease. regular injury ar complication which coused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving DUE TO. OR AS A CONSEQUENCE OF: 3 rise to the above ceuse (A) stelling the physician remains UNDERLYING CONDITION lest chief medical No physician was a medical 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the (2) Body 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes at No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the No before 21 & PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where (If In Baltimare City, give exact location) to the hospital MEDICAL DEATH (notify medical examined any nature; obtained OF INJURY (Month) (Day) (Year) (Heud 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While (except White At (APPROX.) and 22. I certify that (1) (this hospital) attended the deceased from that (i) (we) last sew the deceased alive on. and that in (my) (our) opinion death occurred on the date of hospital death) the body was released shows: (1) An accident and heur and from the couses stated above. (I) (We) (did) (did not) view the body ofter death. must An accident 23A. SIGNATURE 23R DATE SIGNED Attending 0 approval 0 23C PHYSICIAN'S prior 23D. ADDRESS South Balto. Gen. Hospital at Balto. Md. D.O.A. DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 248 DATE 24C. NAME OF CEMETERY OF CREMATORY pespese 24D. LOCATION (City, town, or county) (State) Burial 1-11-72 Gardens of Faith Cemetery Baltimore. Maryland Was SECULABLE OF REGISTRAR 25A, DATE REC'D BY HEALTH DEED 25CL FUNERAL DIRECTOR Duda 7922 Wise Ave. Dundalk, Md. VS 150-REV. 1/1/68



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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

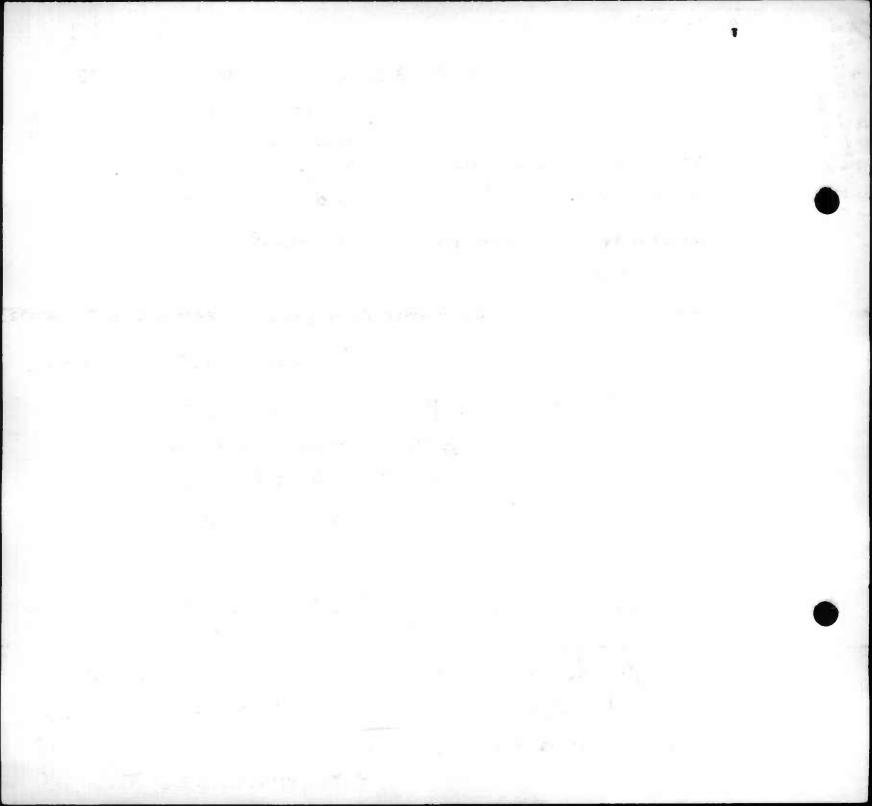
H-611	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO.	2 00302				
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO					
I. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH					
ESTELLE C. HARVEY	11-8-72	7.459mm				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution B. COUNTY	nt residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CIT	2 TO4				
on 1512 BoyLe ST.	BALTO. YES					
BALTO, MD, 21230	1532 BoyLe ST.					
5. SEX 6. RACE WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 11-30-90 9. AGE (In years II U Mont	nder 1 Yr. II Under 24 Hrs. hs Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11 01					
[Gone Guring most of working life, even if refired]]	12.0	CITIZEN OF WHAT COUNTRY?				
MACL. OPERATOR BAS FACTORY	IPID.	U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Benjamin	CASKey					
15. Wes Deceosed Ever In U. S. Armod Forces? [Yes, no or unknown] [II yes, give wor or doles of service] 214-01-8237	17. INFORMANT	ADDRESS				
18. // 1 1/1 4 / 5 CAUSE OF DEAT	MRS. DORIS HAMPTON 15	12 Boyle ST.				
	iail Hypestule Premuser	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
(A)IMMEDIATE CAI	A CONSEQUENCE OF:	1-				
heart failure, asthenia, etc. It means the disease.	Vasculle Volace C					
	1.	3 Jeans				
ANTECEDENT CAUSES (B) Myce	redayl Frest ling	9				
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS rise to the above cause (A) stating the UNDERLYING CONDITION last.	A CONSEQUENCE OF:					
- II ancinoma	i) signoid & Ferrat	1966				
	I de la la la la la la la la la la la la la	1900				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	a arthe	5 yer				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (AC.)	20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDING	GS CONSIDERED F DEATH?				
OR CONTRIBUTING CAUSE OF home, form, loctory, street, of DEATH (notify medical exemined)	in or obout 21 C. WHERE DID (II in Boltimore City	give exact location)				
O 210-TIME (Month) (Day) (Year) (Hour) (215 INTITION OCCURRED						
OF INJURY (APPROX.) While At Not While At Work 22. Learnify that (1) (this best and a shaded the decay of the shaded the decay of the shaded the decay of the shaded the sha						
						nat (I) (we) last saw the deceased alive on 1972 and that in (my) (our) opinion death accurred on the date
nd hour and from the causes stated above. (1) (We) (did) (did-not) view the bady after death.						
23A. STONATURE Color W Josephson Med. Stoff 238. DATE SIGNED Attending Med. Stoff 10/72						
						DECKEE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	EMATORY 200 LOCAL CONTRACTOR OF THE PARTY OF	. BAY " MIL				
REMOVAL (Specify)	EMATORY 24D. LOCATION (City, town,	, or county) (State)				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME-OF REGISTRAR	25G. FUNGRAL DIRECTOR	ADDRESS 2/28				
VS 150-REV, 1/1/68	Hahn Elineal Home 42001	ENNINTER AVE.				



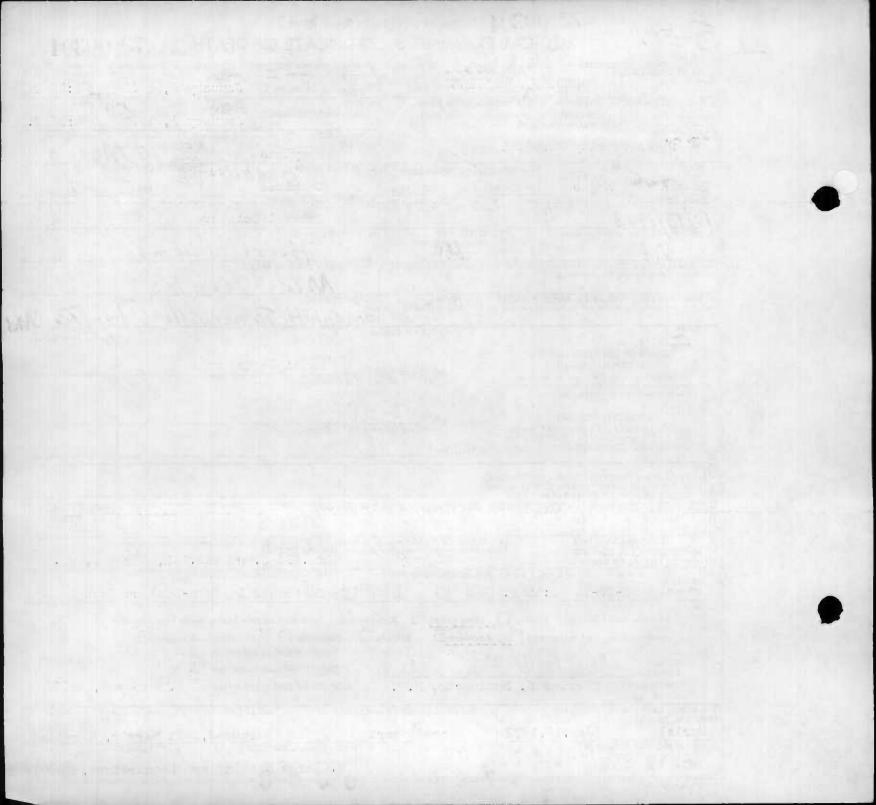
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-11 // -/2// ~0 000007	RE CITY HEALTH DEPARTMENT			
IBIKIH NO.	FICATE OF DEATH REG. NO.			
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	1 A. DAVS 1(10/72 40 M.			
	A USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE	Maryland Baltimore			
Νοπυπον	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
3.3	Baltimore YES NO			
The Johns Hopkins Hospital	241 B. Rodgers Forge Rd.			
5. SEX 6. RACE 7. MARRIED NEVER MARRI	ED 8. DATE OF BIRTH 9. AGE (in years if Under 1 Yr. If Under 24 His.			
WIDOWED DIVORCE	8/10/98 lost birthdoy 73 Months Doys Hours Min.			
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
HOUSEWITE OWN HOME	MARYLAND U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Herman Palm	Amanda Lang			
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO	17. INFORMANT			
18. 4 / 2 . 2 . 1 CAUSE OF	DEATH SHOW ELLISON R.W. 21093			
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH			
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIA (DIFTO	ATE CAUSE Cardiac Arrest mehrer			
heart failure, asthenia, etc. It means the disease	OR AS A CONSEQUENCE OF:			
injury or complication which caused death.) ANTECEDENT CAUSES	JA A A A			
(B) +1	parteusive at unosellistic			
nse to the above cause (A) stating the	A CONSEQUENCE OF:			
UNDERLYING CONDITION last.	anditrapellar disease			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	-4 4 11 4 4 4			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	gestive Hart failure			
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IP YES, WERE FINDINGS CONSIDERED			
	Yes Yes Yes Yes Yes Yes			
OR CONTRIBUTION OF INSURI	((e.g., in or obout 21C. WHERE DID (It in Boltimore City, give exact location) reet, office bldg., INJURY OCCUR?			
DEATH (notify medical examiner)				
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRI	- The state of the			
II - I(APPROXIX) I (VI	ot While			
22. I certify that (this hospital) attended the deceased from	1972 10 Jan 10 1973			
that (we) last sow the deceased alive on Olland	O 19 2 and that In(my) (our) opinion deoth occurred on the date			
and hour and from the causes stated above. (1) (We) (did) (did	not) view the body after death.			
23A. SIGNATURE	23 B. DATE SIGNED			
Kohde MD DEGRE	Attending Med. Staff Phys. 1/10/72			
23C. PHYSI CIAN'S NAME (Type)	23D. ADDRESS			
WIKOHDE	DEGREE 601 N. Broaduay Rolly M.			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	of CALLERY 24D. LOCATION (City than, or county) (Stole)			
BURIAL 1-13-78 DULANRY VALL	Ry MEMORIAL Timonium Md.			
25A. DATE REC'D BY HEALTH DEPTY 25B. NAME OF REGISTRAR M.D.	25C. FUNERAL-DIRECTOR ADDRESS			
	Dm. Cook-Brooks Towson Inc. Towson Mel			
VS 150-REV. 1/1/68				



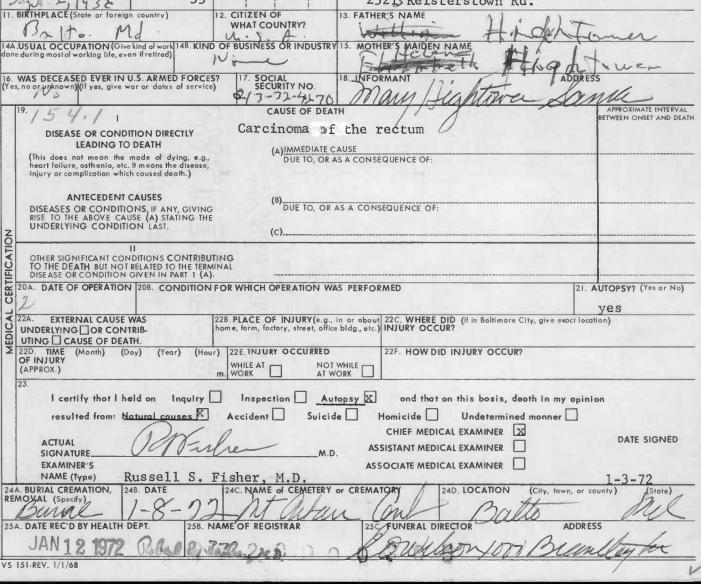
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BIRTH NO.	MILLI	CALL	.VWMIII4FI	(3 CLKI	IICAIL O	DLAI	REG. NO.	116. (1)	COUR	
1. NAME OF DECEASED		1 hon	195	II2. DAT	Known X	Month	Day	Year	Hour	
(Type or Print)	DOROTHY	SOME	RVILLE	OF DEA				972	4:35	P
4. PLACE IN BALTIMORE, N	ARYLAND, WH	ERE PRON	OUNCED DEAD	3. DAT		Month	Doy	Yeor	Hour	- M.
FULL NAME OF (IF N	OT IN HOSPITAL	OR INSTITUT	TION, GIVE STREET	PRO	NOUNCED DEAD	Janua	ry 5, 1	972	4:35	P.
HOSPITAL ADD	RESS OR LOCATIO	ON)		5. USU	L RESIDENCE (Wh					ion)
Univers	ity Hosp	ital		A. STAT			B. COUNTY		1215	
6. SEX 7. RACE	le				OR TOWN Ch	1100	ID. INSIDE C	ITY LIMITS?	10 9 0	
			NEVER MARR		C//	plica	D. HASIDE C			-
	0	WIDOWED			Chopite		Y	ES 🔲	NO L	
9. DATE OF BIRTH	10. AGE (In y lost birthday)	rears If I	Under 1 Yr. If Under niha ₁ Days ₁ Hours		ET AND NUMBER			1/a	099	
10/13/1943				1	General	Deliver	У	(3/	000	
11. BIRTHPLACE (Stote or lore	sign country)	12.	CITIZEN OF WHAT COUNTRY		HER'S NAME	-	1			
Md			45		H95	11/	120 m	99		
14A.USUAL OCCUPATION (G	ive kind at work 14	B. KIND OF	BUSINESS OR IN	IDUSTRY 15. MC	THER'S MAIDEN N	AME				
and doring most or working me,	oven avenues,				Mary	Cou	n Ti's			
16. WAS DECEASED EVER IT	U.S. ARMED	FORCES?	17. SOCIAL SECURITY I	18. INF	ORMANT /	,	A	DDRESS	-	
(Yes, no or unknown) (II yes, give	e wor or dates of	service	SECURITY	Jos	ohh H. 8	hmet 1	1110	(ho	blica	M
19.			CAUSE	OF DEATH	111111111	3/115-0	,,,,,		PROXIMATE INT	ERVAL
5//	/							SE1A	MEEN ONSET AN	D DEATH
DISEASE OR CON		TLY			Multiple	iniuri	PS			
		C, e.c.		TO, OR AS A CON		- 1113411				
(This does not mean the heart loilure, asthenio, e injury or complication w	itc. It means the d	lisease,	501	10, 011, 12 1. 00.	sequence on					
	more of compression which cooled totaling									
ANTECEDEN			(B)	** ** ** * **	NSEQUENCE OF:					
DISEASES OR CONDI	LAUSE (A) STATIN	GIVING NG THE	DOE	10, OK AS A CO	NSEQUENCE OF:					
II I UNDERLYING COND	ITION LAST.		(c)							
12	11									
OTHER SIGNIFICANT COTO TO THE DEATH BUT NO DISEASE OR CONDITION 2004. DATE OF OPERATION	ONDITIONS CON	NTRIBUTING	Ģ							
DISEASE OR CONDITIO	N GIVEN IN PAR	T 1 (A)-								
	ON 208. COND	DITION FO	R WHICH OPERAT	ION WAS PERF	ORMED			21. AUTO	PSY? (Yes or	No)
0 0									No	
22A. EXTERNAL CAUS		228	PLACE OF INJU	RY(e.g., In or abo	ul 22C. WHERE DI	(il in Boltimo	re City, give ex	act location)	1. 90	(map
UNDERLYING OR CO		hon	ne, form, loctory, str Highw	reel, ollice bidg., e 7.4V	Rte. 234	of Rt	e. 242.	Clemen	s. Md.	
≥ 22D. TIME (Month)	(Day) (Yeor)	(Hour)	22E.INJURY OCC		22F. HOW DID				,	
OF INJURY (APPROX.) 12-27			WHILE AT	NOT WHILE	Passenge	or in au	to-buc	accido	nt	
23.	-/1 /.1	.5 P _{•m} .	WORK	AT WORK	rassenge	er in au	LO-Dus	accide	ILL	
	held an Inc	ouley 🗍	Inspection 2	Autoney	and that or	this basis,	death in my	colnion		
resulted from:		-	Accident X	Sulcide	Homicide					
resulted from:	Natural cause	** L	Accident [A]	Suicide [ned monner			
ACTUAL (0 00	()	17	1	CHIEF MEDICA		<u>F</u>		DATE SIGN	ED
SIGNATURE	Maris	7.6	Jaringa	M.D.	SSISTANT MEDICA	L EXAMINER				
EXAMINER'S NAME (Type)	Charles	S. Spi	ringate, M	f.D.	SSOCIATE MEDICA	LEXAMINER	☐ Jan	uary 6	, 1972	
24A. BURIAL CREMATION, REMOVAL (Specify)	248. DATE	2	4C. NAME of CE	METERY or CREA	ATORY 24	D. LOCATION	(City, low	n, or county) (Stote	:)
Burial	Jan. 10.	1972	Sacred	Heart.	F	hoowiden	St M	a wirt a	Marria	nd
25A. DATE REC'D BY HEALTI	Jan. 10,		Sacred E OF REGISTRAR		C. FUNERAL DIRE	ushwood		ary's,	Maryla	ind
		258 NAM	E OF REGISTRAR		C. FUNERAL DIRE	CTOR		ADDRESS		
		258 NAM				CTOR		ADDRESS		

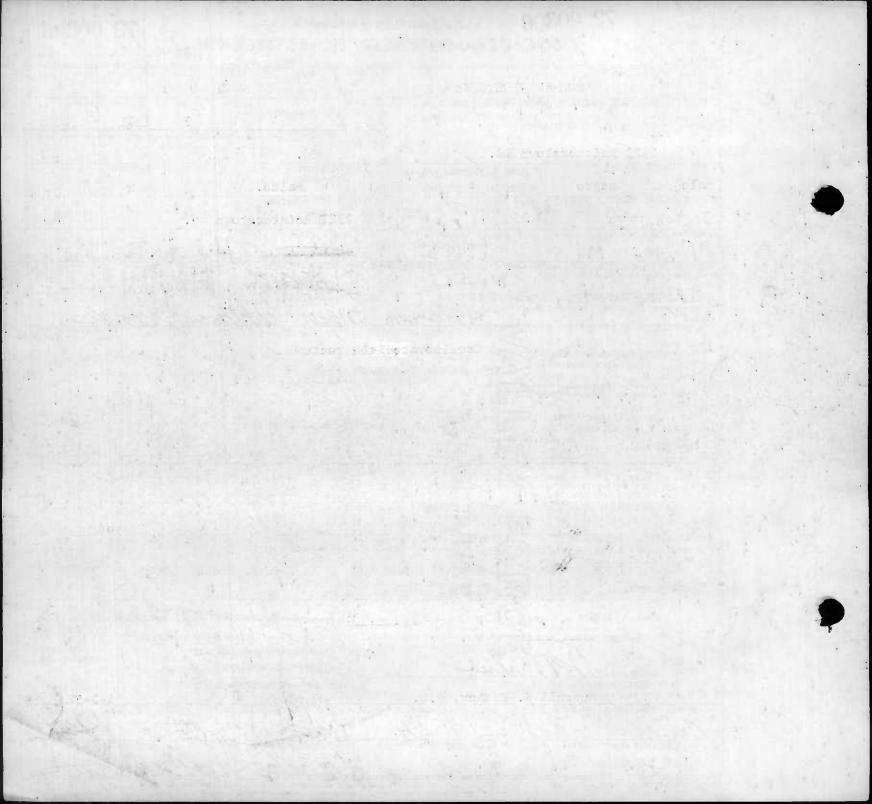


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	- 1/1/1	ATE OF DEATH REG. NO.	2 00305			
1,	NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
	ype or Print Foley, John Dennis	1/3/22	111:50 P			
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whele deceosed lived. If instituti	ont residence before admission)			
11 1	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARY LAND TO MAKE	15 6800 ITY HMTS2			
ľ	UNIVERSITY ON MID HOSPITAL	LEONARD TOWN YES				
	38	E. STREET AND NUMBER	Terminal Land			
	5EX. 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		Under 1 Yr. If Under 24 Hrs. hths Doys Hours Min.			
de	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR	Y 11. STRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
13	CHAPLES W. FOLGY	14. MOTHER'S MAIDEN NAME MARY R. CRYEL	>			
15 (Y	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	s, no of unknown) (If yes, give wor of doles of service) SECURITY NO.	Charles W. Foley Route 2 Lea	mardtown Md			
	DISEASE OR CONDITION DIRECTLY	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	IThis does not mean the mode of diving a 2 72 (A) IMMEDIATE CA	USE Cardiae arrest	1/3-72			
	injury of complication which edused death.) Pulm	maky insufficiency	1			
	DISEASESF OR ACONDIFICASI FRAMMER giving DUE TO, OR A	S A CONSEQUENCE OF: Chest TRavora,				
	UNDERLYING CONDITION loss. (C)	Mai Lailer injury hepatic	12/25-21			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	of Renal failure				
ERTIFIC	19.4. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION WAS PERFORMED Hemorchage	20A. AUTOPSY? IVes or No. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS CONSIDERED			
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., home, form, foctory, street, of the place of the pla	In or oboot 21C. WHERE DID (If In Boltimore City, office bldg., INJURY OCCUR?	give exoct location)			
AED	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21E HOW DID INTURY OCCURS				
1	IAPPROX.) 12/25-71 5000 While At Not White At Work	Fell off motorcycle				
	22. I certify that (1) (this hospital) attended the deceased from	12/25 197/ta 1/3	19 72			
	that (1) (we) last saw the deceased alive on 1/3 (11: 50 P	m) 19 72 and that In(my) (aur) opinion d				
	and hour and fram the causes stated abave. (1) (We) (did) (dld not) view the body after death.					
	23A. SIGNATURE		DATE SIGNED			
	23C. PHYSICIAN'S DEGREE Phy		4-9/ (12:20AM)			
	NAME (Type) Terreinn in Rama mi)	230. ADDRESS . University of Marylan	1 11			
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR		of country (State)			
F	Surial Jan.7,1972 St Francis Xav	(6.17)	Mary and			
25/	DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
VE	JAN 1 2 1972 Valent & Jabel 150-REV. 1/1/68	WClarke Mattingley Leonard	town, Maryland			
4.3	100-10 17 17 00 1V 02 V					

on always of paragraph.

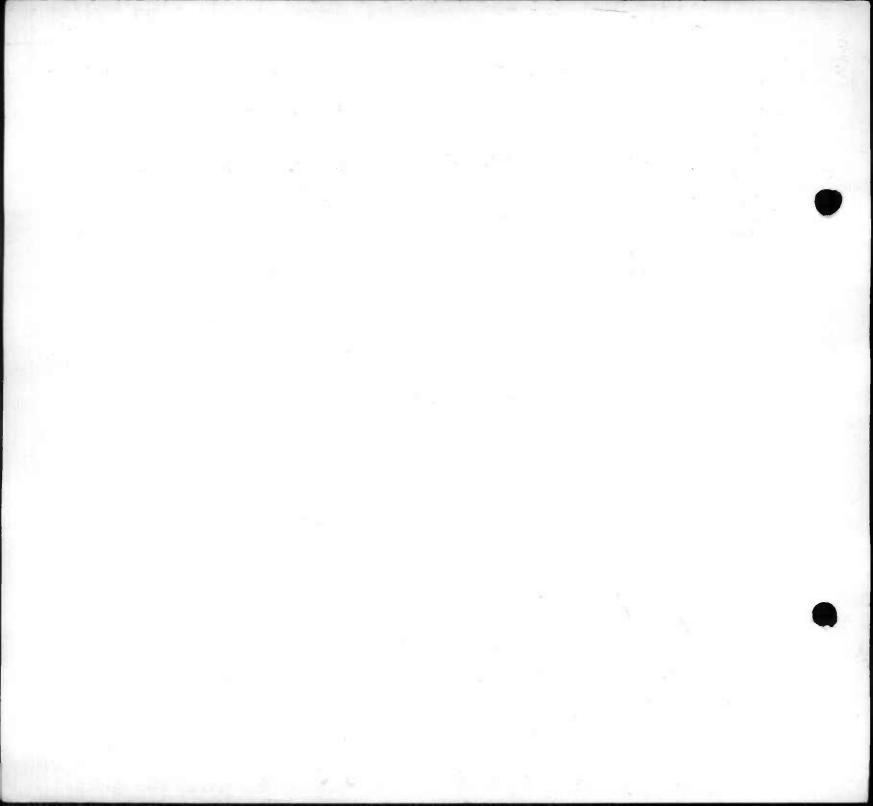




21-40F

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deseased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1) = 505	HEALTH DEPARTMENT 72 00307				
5 .	KIII NO.	TE OF DEATH REG. NO.				
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
	DUNSON, Rossie	1/10/72 7:10 a. _M .				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Whote deceased lived. If institution; residence before admission) A. STATE B. COUNTY				
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	18 Maryland				
1	ISTITUTION	C.CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES X NO				
		E. STREET AND NUMBER				
	The Johns Hopkins Hospital	1302 N. Chester Street				
5,	SEK 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years I Under 1 1/2. If Under 24 His. Months! Doys Hours; Min.				
1	Female Negro WIDOWED DIVORCED	8/7/29 42				
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if refired)	11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	James Debham	Jessie Davis				
15.	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
	18. Z/ 2 X 1 CAUSE OF DEATH					
	DISEASE OR CONDITION DIRECTLY	DUO RESPIRATORY ADDIST SHORE				
	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	SE OTICS				
	heort failure, osthenio, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES	CARDIAL DISTASE				
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:				
	rise to the above couse (A) stating the					
	ONDERLYING CONDITION last, (C)	***************************************				
No.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************				
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes no				
CAL CE	OP CONTRIBUTING CALLER OF	or about 21 C. WHERE DID (If In Baltimore City, give exact location)				
2	21D. TIME (Month) IDoy) IYooi) (Hous) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR				
MEDI						
	22. I certify that (1) (this hospital) attended the deceased from	701 72 1/18				
	that (1) (we) lost sow the deceased alive an	19 2 and that In(th) (our) opinion deoth occurred on the date				
	and hour and from the causes stated above. (1) (We) (did) (1) (1)	· W				
	23A _t SIGNATURE	23B, DATE SIGNED				
	YOSHIZM, MD DEGREE Phys.	Iding Med. Staff Drys. Drys.				
	OR O. BURGE CO. B. DEGREE	3D. ADDRESS				
IL	YOSHIZUMI, VID-	JOANS HOPKING HOSPITAL				
24.	A. BURIAL REMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, lown, or county) (Stote)				
1	serial 1-4-12 My When	Cur Batto mex				
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS				
VS	150-REV. 1/1/68	Color 4000 Pranty hl				



IMPORTANT FUNERAL DIRECTOR:

and Such (5) Deceased no a hospital death. attendance cause 0 cause; Ξ prior contributing occurred (4) Undetermined or final disposition is made in regular deceased the chief medical examiner or his assistant if death if the direct or MOS the death On kind; attendance any pronounced Also, embalmed A fracture of examiner. regular who deceased prior to death); and (6) No physician was in re written approval must be obtained before the remains are the body was released to the hospital by a medical exshows: (1) An accident of any nature; (2) Body burns; (3) was D.O.A. at a hospital (except where the physician approved by certificate must be

MEDICAL

BIRTH NO. 72 00308 CERTIFICA	TE OF DEATH REG. NO. 72 00308
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
WAGSTAFF, IVERY	1-6-72 1340 Pm.
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	md. 1001
UNIV of Md. Hosp.	C. CITY OR TOWN D. INSIDE CITY LIMITS? VES SALTO
01110 67 1113. PTOSP.	E. STREET AND NUMBER
38	UNX 936 E. Dichelle St
5. SEX 6. RACE N MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (in years 11 Under 1 1/6. 11 Under 24 His. Manths; Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, eyer if retired)	11. BIRTHPLACE (Stota or foreign country) 12. CITIZEN-OF-WHAT COUNTRY?
UNK Stell Worker UNK	VM noth Confine - USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
VKK John a Wagstaff	Ruth myorks
15. Was Daceased Ever in U. S. Armed Forces? (Yas, no ar unknown) (II yes, give, war or datas of service) SECURITY NO.	17. INFORMANT ADDRESS
VNK 700 243-32-0223	Reference Waystoff 2783 Lively me 21218
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)IMMEDIATE CAL	ISE CARDIAL ARREST IMMED
heart failure, asthenio, etc. It means the disease, injury at complication which caused deoth.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	HYPO TENSION 10 hours
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	BOWEL EDEMA TILEUS 10 hours
z II SHOCK	24hr.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED

CERTIFICATION

NONE

DEATH (notily medical examiner)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

(Manth) (Day) (Yearl

IN CERTIFYING CAUSES OF DEATH? CS

21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, alfice bidg., INJURY OCCUR? (If in Baltimore City, give exact location) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

OF INJURY While (APPROX.) Work 22. I certify that (1) (this hospital) attended the deceased from

(Houd

Not While

72 19 that (1) (we) lost saw the deceased allve and that In(my) (our) apinion death accurred an the date

and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.

23A SIGNATURE	2 (
Lobur M	Lusy	M D DEGREE	Attending Phys.
23C. PHTSICIAN'S NAME (Type)	/		23D. ADDRE

Med. Director Staff Phys. 23D. ADDRESS

23B, DATE SIGNED 1-6-72

A. BERT Le 24A. BURIAL CREMATION, REMOVAL (Spacily) 248. DATE 24C. NAME OF CEMETERY OF CREMATORY

258 NAME OF REGISTRAR

UNIV. Of 24D. LOCATION

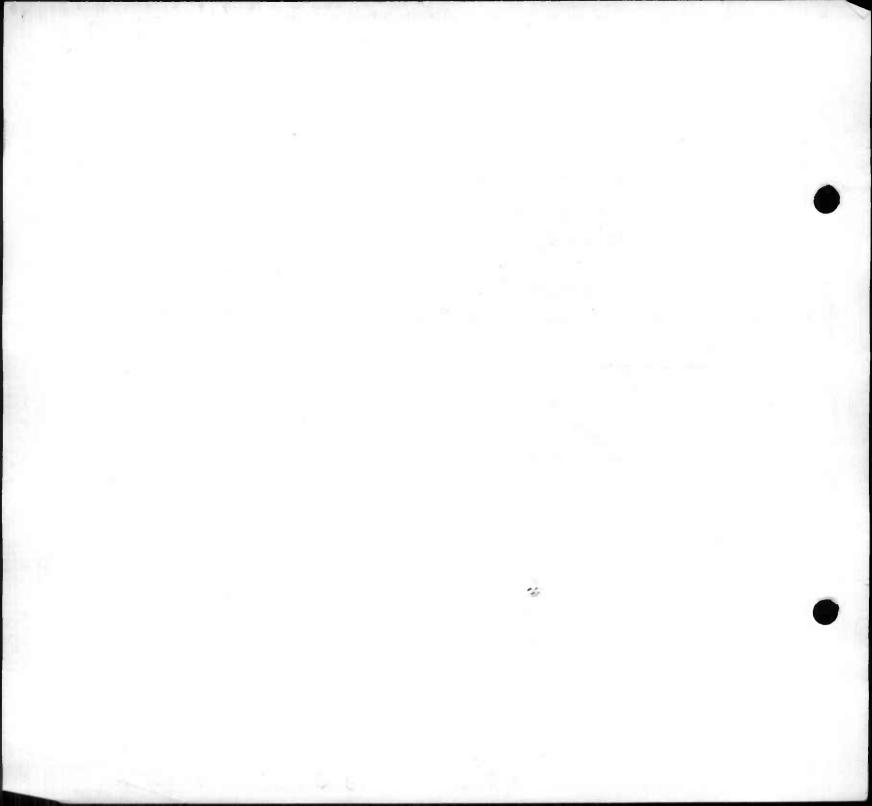
(City, town, or county) (State)

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/68

ADDRESS

Md.



317738

200088H.

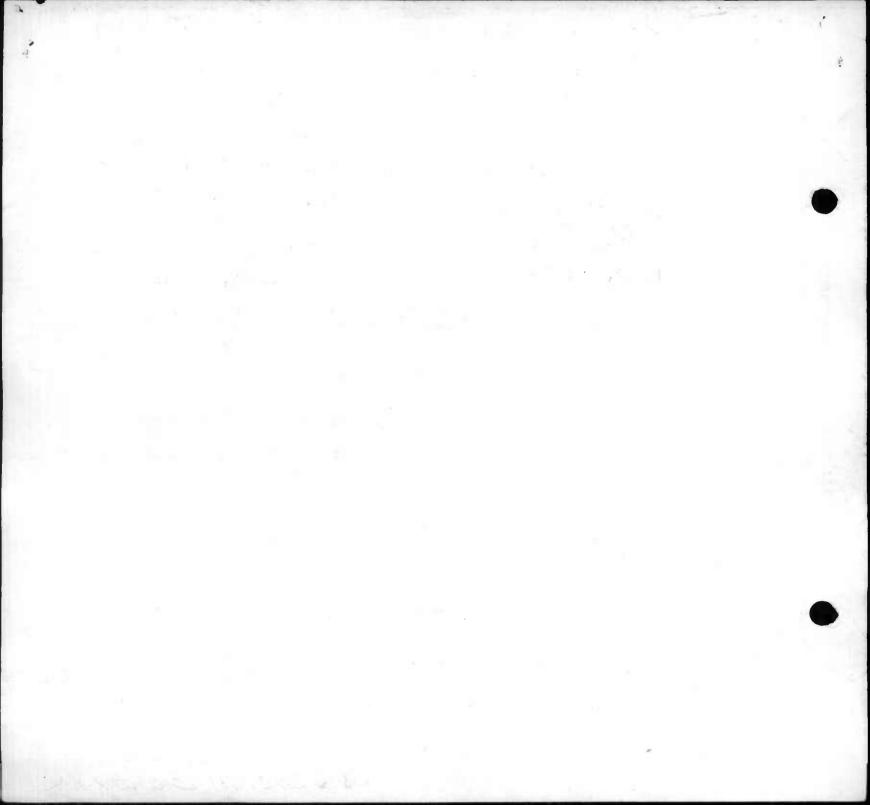
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1-2EF 10 0000	BALTIMORE CITY	BALTIMORE CITY HEALTH DEPARTMENT					
BIR	G-355 72 00309	CERTIFICA	TE OF DEATH	REG. NO.	2 00309			
	DE OF PRINTIC TOO'N MAN. N. F.	FILIF	2. DATE AND	HOUR OF DEATH	2 300 0			
3.	PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNTY	deceased lived. Il institutio	n: residence before admission)			
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR II ISBITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS? 804			
3	JOHNS HOPKINS 1.	to SPITAL	SALTMOLE	YES	NO 🗌			
			E. STREET AND NUMBER	Clean So				
5, \$	F B WIDO	RIED NEVER MARRIED NEVER MARRIED DIVORCED	3/13/12 100	t birthdays Mont	nder 1 Yr. II Under 24 Hrs. hsi Days Hours Min.			
10A don	USUAL OCCUPATION (Give kind of work IDB, KIN during most of working life, even if retired) WWW SE WATER	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign	country) /2 12.6	TIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAME		1			
16.1	Wes Deceased Ever In U. S. Armed Forces?	RT, WILLIE	Unhusun	testat W	aul			
(Yes	no or unknown! Ill yes, give war or dates of serv	icel 16. SOCIAL SECURITY NO.	UNZNOWN		ADDRESS			
	18.412,317-250	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAU	SECARDIAC ARRE	SST	(DAY			
	1This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	P.C. DILETO OP AS	A CONSEQUENCE OF:	***************************************				
	injury or complication which caused death.) ANTECEDENT CAUSES	0.1.10	FITHE LISTAGE CA	III INE	3Mn			
	DISEASES OR CONDITIONS, if any, gi	ving (B) OUE TO, OR AS	ESTIVE HEALT FA	700100				
	rise to the above cause (A) stating UNDERLYING CONDITION last,	the (c) ? ANH	EMSCLEBUTE 14	FAM DISUASI	3			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 [A].	NG DABGE	ERMELLIOU /PULL	M GOISMA/PNE	iumun) p			
	19A-DATE OF OPERATION 19B. CONDITION E WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSYT (Yes or No)	OB, IF YES, WERE FINDIN N CERTIFYING CAUSES C	GS CONSIDERED			
0	21A ACCIDENT WAS UNDERLYING DON'T CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, fociory, street, oli etc.)		(If In Boltimore City,	give exact location)			
ā	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not While At Work		Y OCCUR?				
	22. I certify that (I) (this hospital) attend	ed the deceased fram	6 dAN 19.	7210 8 C	1972			
	that (1) (we) last saw the deceased alive		•	in (my) (aur) apinian d	eath occurred on the date			
	and hour and fram the causes stated abov	e. (1) (We) (did) (did not) vi	lew the bady after death.	122 0	ATE SIGNED			
	Allomas I Ac	Phus / Phus	Med. Sta		8-1AN 1972			
	23C. PHYSICIAM'S NAME ITypel	DEGREE	3D. ADDRESS		17 18 18 18 18 18 18 18 18 18 18 18 18 18			
	DR. THOMAS S	CHULTZ M.D DEGREE						
24A	REMOVAL (Specify) 248. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LOC	ATION ICity, fowr	or county) (Stole)			
25A	DATE REC'D BY HEALTH DEPT. 25B. NAI	ME OF REGISTRAR	25C DUNERAL DIRECTOR	a Count	ADDRESS			
J	AN 12 1972 Q.C. A.C. Z. A	7 2 0 0	On And	mod Bran	the k			
VS	150-REV. 1/1/68				7 '			

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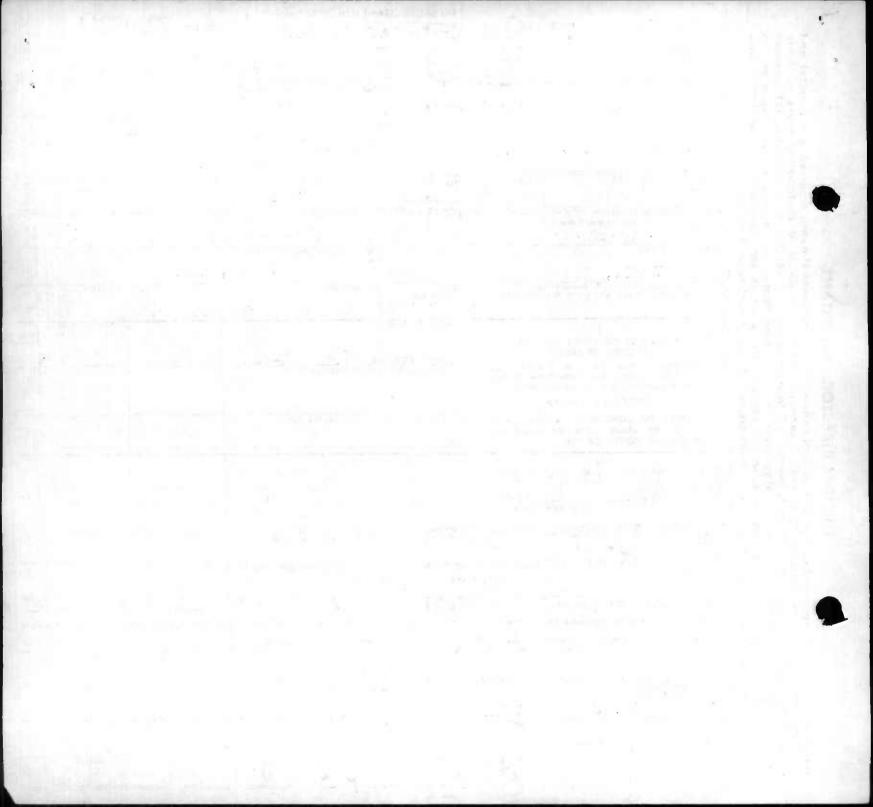
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such of death Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) G 0 hospital death. 3. PLACE IN BALTIMORE MARYLAND. WHERE PRONOUNCED 4. USUAL RESIDENCE (Where docoosed lived, If institution; residence before ance B. COUNTY A. STATE 3 cause MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN BALT I MORE attend etermined cause; 0 0 D. INSIDE CITY LIMITS? YES X NO prior contributing E. STREET AND NUMBER occurred 1210 CANAL COURT APT סר made. 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In yours If Under 1 Yr. Manths! Days regul deceased If Under 24 Hrs. Hours last birthday OCCUPATION (Give find of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition 2 dane during mast of working life, even, if relired? (4) Und Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME MILLER, MILTON SON ELSIE assistant death OP kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS final (Yos, no or unknown! (If yos, give wor or dotos of sorvice) SECURITY NO. attendance 760 22 any pronounced 0 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (3) A fracture of embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not moon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hoort foilure, asthenia, etc. It means the disease. regular injury or complication which coused dooth.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling the Ξ physician remains UNDERLYING CONDITION last Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Na physician the An accident af any nature; (2) Bady the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (You or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 fore ntractable 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Saltimore City, give exact location) the body was released ta the hospital shaws: (1) An accident af any nature; (MEDICAL be DEATH (notify medical examined) obtained 21 D. TIME OF INJURY 21 E INJURY OCCURRED (Month) (Doyl (Yearl (Hour) 21F. HOW DID INJURY OCCUR? 9 (except Not While While At (APPROX.I and At Work 22. I certify that (I) (this hospital) attended the deceased from pe that (1) (we) lost saw the deceased alive an... .19 and that In(my) (aur) opinion death accurred on the date haspital eath) and have and fram the causes stated above. (1) (We) (dld) (dld not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED 0 Attending p Staff appraval Phys. Director at a 23C. PHYSICIAN'S NAME (Type) priar 23D. ADDRESS D.O.A. OFGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATOR deceased 24B. DATE 24D. LOCATION City. (Stotel town, or county) written MOS 258. NAME OF REGISTRAL 25C FUNERAL DIRECTOR ADDRESS VS 150-REV, 1/1/68



was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/68

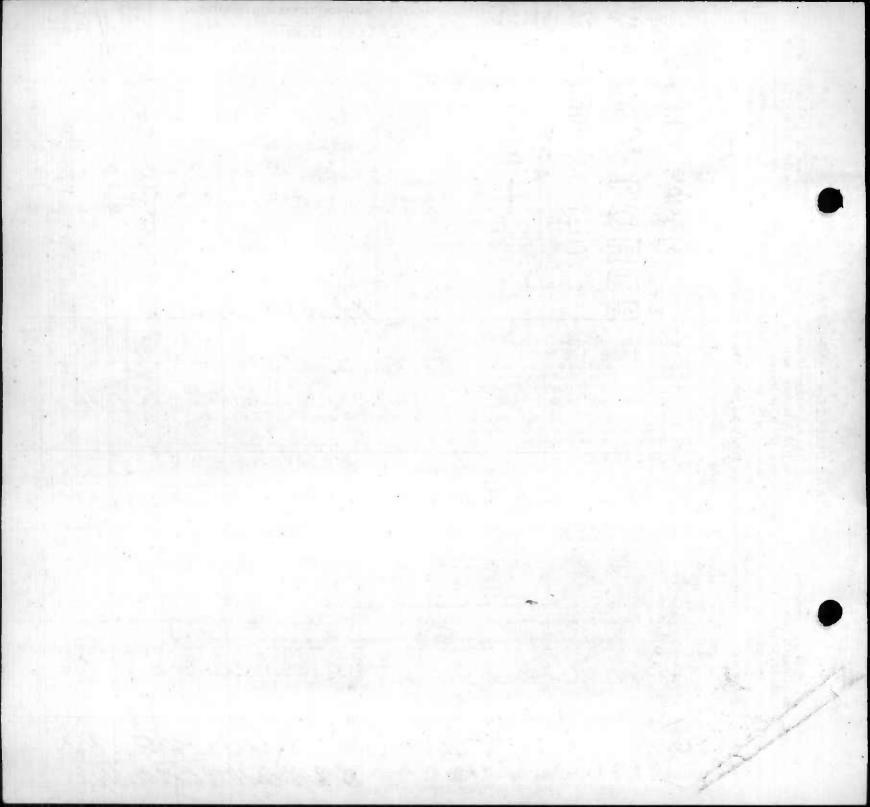
B-15	· A	0.1		HEALTH DEPARTME		200 (10244
BIRTH NO.	0	(10)21	CERTIFICA	TE OF DEAT	H REG. !	NO	,
1. NAME OF DEC	P D D L L L	112	1/	2. DA	TE AND HOUR OF		
3 PLACE IN BAL	DROWN (700	7	VIA VISUAL ASSUDENCE		21972	18P. A
	TIMORE, MARTLAND, M				COUNTY YLAND	éd. If institution:	residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INST	TUTION, GIVE STREET	C. CITY OR TOWN		D. INSIDE CITY	THATES
					IMORE	YES P	_
33 JOHNS	HOPKINS H	HOSPIT	AL	E. STREET AND NUM			
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	ors If Und Months	der 1 Yr. If Under 24 Hrs.
IOA HEHAL OCCI	Negro	WIDOWE	DIVORCED DIVORCED DE BUSINESS OR INDUSTRY				
done during model of	varking lifs, sven if reffred)	IUE KIND C	PF BUSINESS OR INDUSTRY	Forth Ca	wherei	12. CI	USA
	KES. SERR			14 MOTHER'S MAIDE	STOKES, E	LLEN	
15. Was Decessed	Ever In U. S. Annual For	ces?	16. SOCIAL	17- INFORMANT		//	ADDRESS
(1es, no or unknown)	lif yes, give war or date	s of servicer	216 03 0486	Aman	BA.	1/2	. 0
18. 4.4			CAUSE OF DEAT	11/1 / 100 V	Chimin		APPROXIMATE INTERVAL
DISEASES OF THE DEATH OF THE DE	at mean the mode of asthenia, etc. It means plication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. 11 CANT CONDITIONS COID BUT NOT RELATED TO THE DOND TO PAR	the disease death.) any, giving stating the	(B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	Loses		
19A. DATE OF	OFERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (yes		WERE FINDING	S CONSIDERED DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 hai	B.PLACE OF INJURY (e.g., in me, form, foctory, street, of L)	or about 21 C. WHERE D	DID (II In I	Saltimore City, gl	ve exoct location)
21D.TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	W	E INJURY OCCURRED hile At Not While ork At Work		D INJURY OCCUR?		
that (1) (we)		d olive on.	(I) (We) (dld) (dld nat) v	ew the bady after de			7 19 72 ath occurred on the date
23C PHYSICIAL NAME (Ty	pel	Mar	DEGREE Phys	Med. Director	Stoff Phys.		-7-72
24A. BURIAL CREA	DR. JAMES		A P O COLO			OSPITAL	
BULLE	1 -13-1	2/1	AME of CEMETERY OF CRE	2	Melles	(City, town,	ne (Stote)
JAN 1 2	1972 Passes	25B. NAME	REGISTRAR C	25C FUNERAL DIRE		1000 /31	and the



	45 00	BALTIMORE CITY H	EALTH DEPARTMENT	20 00010				
W-3	Od MED		CERTIFICATE OF DEATH REG. NO	of mots				
I. NAME OF DE	CEASED ROBERT	WHITE	2. DATE Known Month Doy OF DEATH Estimated January 8, 1	Yeor Hour				
4. PLACE IN BA	LTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour				
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD January 8, 1	972 4:45 P.M.				
OR INSTITUTION		I AMENDEI	5. USUAL RESIDENCE (Where deceased lived, If institution A, STATE B, COUNTY					
00	1239 AshTand	Avenue 2-10-72	Maryland	1002				
6. SEX	7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	,				
Male	Negro	WIDOWED DIVORCED		ES NO				
PATE OF BIRT	lost birthdo	Months Doys Hours Min.						
A BIRTHPI ACE	State or foreign country)	12. CITIZEN OF	1239 Ashland Avenue					
DA	1101	WHAT COUNTRY?	13. FATHER'S NAME					
14A.USUAL OCCL	PATION (Give kind of work)	148. KIND OF BUSINESS OR INDUSTR	EVIS. MOTHER'S MAIDEN NAME					
done during most of	working life, even if retired)		Augus					
16. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES? 17. SOCIAL	18. INFORMANT	DDRESS				
(Yes, no or unknawn	(If yes, give war or dotes	of service) SECURITY NO.	Tourse- Aude mui	note til				
19. /	3	CAUSE OF DEA	ATH	APPROXIMATE INTERVAL				
DISEAS	E OR CONDITION DIREC	CTIV Arterios	lerotic cardiovascular diseas	BETWEEN ONSET AND DEATH				
	LEADING TO DEATH		CAUSFatty metamorphosis of live	270				
heort failure	not mean the made of dy , osthenia, etc. It means the	Ing. e.g., DUE TO, OR disease,	AS A CONSEQUENCE OF:					
Injury or co	nplication which coused dec	oth.)						
	NIECEDENI CAUSES	(B)						
RISE TO TH	OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STATE	, GIVING DUE TO, OR	AS A CONSEQUENCE OF:					
I_ UNDERLYII	NG CONDITION LAST.	(c)		***************************************				
OTHER SIGN	III	ONITRICULTUNG						
	VIFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL						
		NDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)				
빙			TENT ONNED					
Z 22A. EXTER	NAL CAUSE WAS	22B. PLACE OF INJURY(e.g.,	, in or about 22C. WHERE DID (If In Baltimare City, give ex	Yes				
	OR CONTRIB-	home, farm, foctory, street, offi	ce bldg., etc.) INJURY OCCUR?					
≥ 22D. TIME	(Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.)		WHILE AT NO	I WHILE					
23.	m. WORK AT WORK							
I cert	ify that I held an I		ond that on this basis, deoth in my	opinion				
resul	ted from: Natural cou	ses X Accident Suici	de Homicide Undetermined manner					
ACTUAL	00 1	00:-	CHIEF MEDICAL EXAMINER	DATE SIGNED				
SIGNAT		5 J. Jungalas	ASSISTANT MEDICAL EXAMINER	DAIL SIONED				
NAME (unactes	S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER Janu	ary 9, 1972				
24A. BURIAL CRE	MATION, 24B. DATE	24C. NAME of CEMETERY	or CREMAJORY 24D. LOCATION (City, tow	n, or county) (State)				
REMOVAL (Speci	(y) 1-16-	20 hetcal	will to halow	A 2.				
25A, DATE REC'D	BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DOPESS //YX				
1000	40770	a a a	993 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DDRESS				
LAINE	TUTZ WERE	Fall and O	0 6/21/2/20 //10/19	walled !				

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1 -	20 00	nan	BALTIMORE CITY	HEALTH	DEPARTMENT		22.0	
BIR)-560 TH NO.) /4	010	CERTIFICA	TE O	F DEATH	REG. NO		1717 A.S.
Тур	AME OF DECI	ay NOR, A	da ma	Cluse.	4. USUA	53	NO HOUR OF DEATH	stitution: residence	6/12 M.
FU	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION		A. STATE	B. COUN	Ra Honore	DE CITY LIMITS?	205
5		famas: 7A	n Hos	D. 2a/	E. STREE	TAND NUMBER 3 E LAN	. / 6	YES Z	NO 🗌
5. \$	EX	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE		9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
	e during most of v	PATION (Give kind of work vorking life, even if retired) EW-FE	10B. KIND OF BU	ISINESS OR INDUSTRY	11. BIRTH	PLACE (State or fore	gn country)	12. CITIZEN OF	FWHAT COUNTRY?
13.	FATHER'S NAN		4544		14. MOTI	TER'S MAIDEN NA	lad vam e		
15. (Ye:	Wos Deceased	Ever in U. S. Armed Force	es? 16	SOCIAL SECURITY NO.	17. INFOR	MANT	os vame	ADDR	
MEDICAL CERTIFICATION	(This does n heart failure, injury at came A DISEASES Or ise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUDEATH (notify	E OR CONDITION DIR LEADING TO DEATH ol mean the made of osthenia, etc. If means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if of the condition of the course (A) OF CONDITION last. ICANT CONDITION S CON H BUT NOT RELATED TO THE ONDITION GIVEN IN PART OPERATION 19B. CONT WAS PERF IT WAS UNDERLYING TIME CAUSE OF medical examiner)	dying, e.g., the disease, death.) Iny, giving stating the ATRIBUTING E TERMINAL 1 (A). DITION FOR WHI ORMED	(C)	A CONSECTION A CONSE	UENCE OF: Public OUENCE OF: UTOPSY? (Yes or N 21C. WHERE DID INJURY OCCUR?	IN CERTIFYING CA	adiousc.	SIDERED ?
MED	. ().	that (1) (this haspital)	While Work	At Work	e 🔲 🍦	ガ つ	19 tata	//6	19 22,
	and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	blu B. Ban	lan M	O GEGREE Phys	nding 🖂	Med. Director	Shaff Phys	23B. DATE SIGN	NED /12
24A 25A	BURIAL CREA REMOVAL (S BUVIA DATE REC'D	e 1-11-9	2 mit	E OF CEMETERY OF CRE	mit	UNERAL DIRECTO	20 Cou	ity, town, or coun	(Stote)
1/5	150-REV. 1/1/6	В		The No.	leon	19/16/08	100011	anguy	

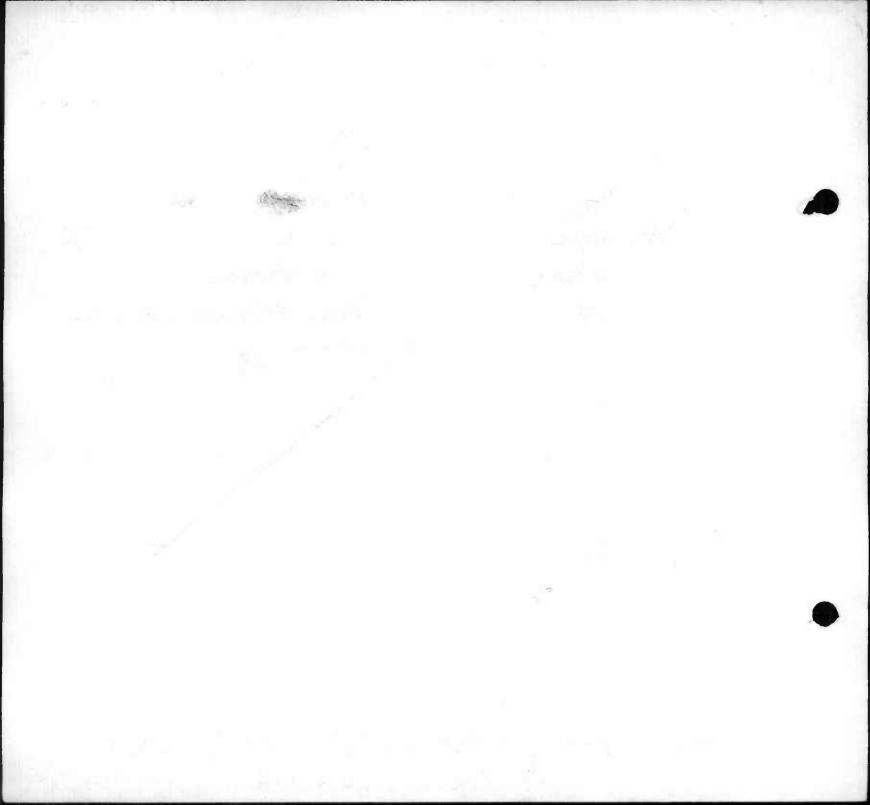


IMPORTANT FUNERAL DIRECTOR:

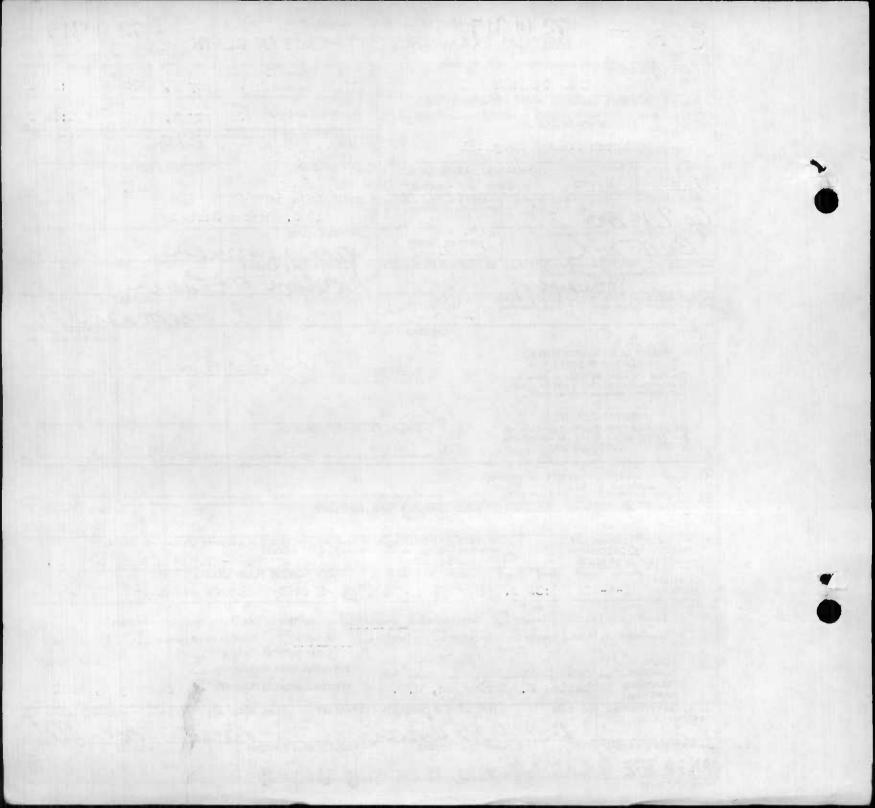
of death Deceased no hospital death. attendance (4) Undetermined cause; (5) contributing cause 0 prior curred. made. in regular deceased disposition Was the direct assistant death 0 kind; final attendance any pronounced 9 med fracture of embal regular who • the physician before the remains a medical any nature; (2) Body burns; No physician was where the body was released to the hospital shows: (1) An accident of any nature; (obtained 9 approved (except and pe death) An accident of hospital must prior to approval 0 at D.O.A. eceased Was

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BANKS AMELIA 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased fixed, If institution: residence A, STATE B, COUNTY A STATE (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? NO YES E. STREET AND NUMBER 6. RACE 9. AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH If Under 1 Ys. If Under 24 Hrs. Months! Doys Hours Min. WIDOWED 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME uni mour 6. SOCIAL 7. INFORMAN ADDRESS SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH racone DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: 11 20A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If to Boltimore City, give exact location) (Month) (Doy) (Yeor) Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While

FULL NAME OF HOSPITAL OR 5. SEX 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive an and that in(my) (aur) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending Med. Director Phys. 23C. PHYSICIAN'S NAME !Type! 23D. ADDRESS ANJANA DOSHI MD 24A. BURIAL CREMATION, REMOVAL (Specify) 248, DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or coupty) (State) 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68

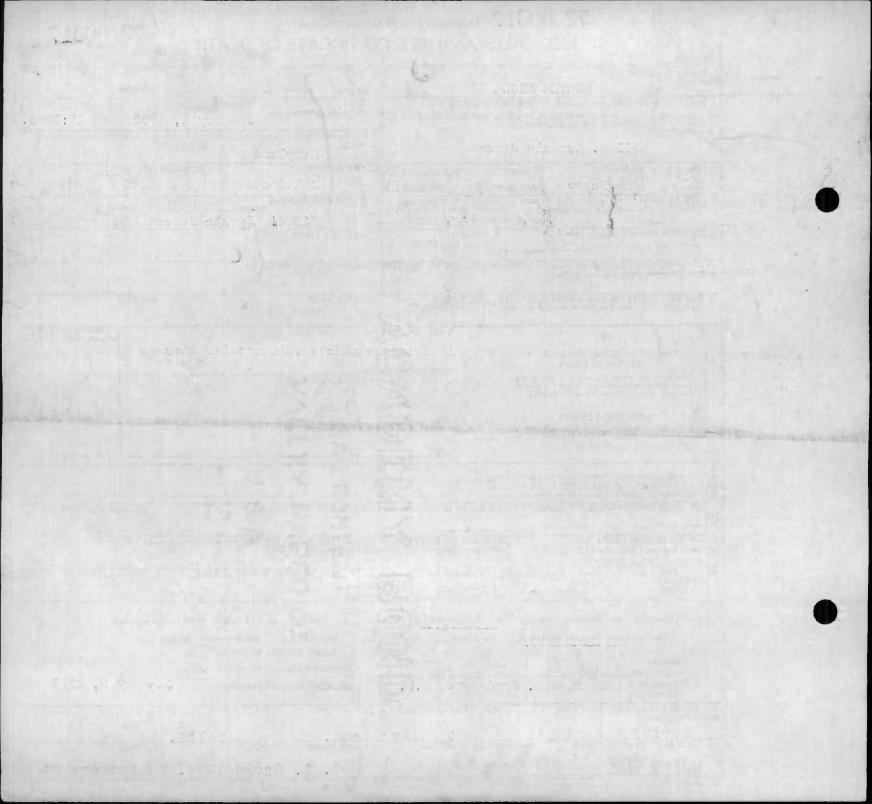


SBIRTH		5	MED	OICAL			VE CITY HE				DEAT	H REG. N	72	00315
(Type or		I		TEPNE				2. DATE OF DEATH		own 🔯	Month Janua	ry 5,	1972	12:30 P _M
FULL NA HOSPITA	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)							OUNCE			ry 5,		12:30 P	
OR INST	NOITUI	Church	Home d	& Hos	pita	1		5. USUA A. STATE		yland	deceased lin	ed, if Institu B. COUNT	ution: residence Y	before admission)
	nale	7. RACE Negr	0	B. MARR	_	NEVER M	ARRIED ORCED	C. CITY	Ba1	n timore		D. INSIDI	YES X	NO 🗆
apo	OF BIRT	17-1943	10.AGE (Ir foot birthdo 28	n yeors	If Unde Months	pr 1 Yr. If U Days H	nder 24 Hrs. ours Min.	E. STREE	T AND N		ter St	reet		
11 BIRTI	HPLACE (S	State or foreign	country)			IZEN OF	ITRY?	13 FATH	ER'S NA	ME O 4	un			
done duri	AL OCCU	PATION (Give warking life, eve	kind af work n if retired)	14B. KIND	OF BU	ISINESS O	R INDUSTR	Y 15. MOT	TRALE	AIDEN NA	ME	Con	12	i. if
16. WAS (Yes, no o	DECE AS Funknown	ED EVER IN U	S. ARMED	of service	S? 17	7. SOCIAL SECURI 214-3	TY NO.	18. INFO	RMANT	a Gas	Burg	215	ADDRESS	or lis.
19.	E 9	651)	<				SE OF DEA	TH		0		1000		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ATION	ISE ASES (ISE TO THE NOTERLY IN	NTECEDENT COOR CONDITION C	NS, IF ANY SE (A) STATON LAST.	ONTRIBUT	TING	(a)_ (c)_	DUE TO, OR	AS A CON	SEQUENC	E OF:				
₩ 20A.	ISEASE OR	CONDITION	SIVEN IN PA	ART 1 (A)-		HICH OPE	PATION W	AS DEDECT	DMED				121 4157	ODEVO (Ver en Ne)
5			200.	TO MOIN		INCH OF E	KANON W	KS FERFO	KMZD				ZI. AUI	OPSY? (Yes or No) Yes
₩ 22D. OF I	DERLYING	NAL CAUSE VENT CONTINUSE OF DEAT (Manth) (Da	RIB- H. (Year		r) 22E.	Tav	CCURRED	while	22F. HC	ves Ba	if in Baltimor r' - F TURY OCCU nknown	ayette R		ter Sts.
23.	ACTUAL SIGNATU EXAMINI NAME (T	ER'S Ch	id on litural course	nquiry [Ace	nspection lident D	Suicion M.D.	tapsy X	and Homicid CHIEF SISTANT SOCIATE	that on the MEDICAL E	Jndetermir XAMINER XAMINER XAMINER	death in a	ny opinion	
REMOV.	RIAL CREM AL (Special	fy)	B. DATE	nn	24C.1	NAME of	CEMETERY	or CREMA	TORY	24D. 1	OCATION	(Chy, I	awn, or county	(Stote) /



24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Frederick, Frederick, Md. Burial Jan. 11, 1972 Mount Olivet Cemetery 250 FUNERAL DIRECTOR Mafar 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR _ADDRESS 106 East Church Street M. R. Etchison & Son Frederick. VS 151-REV, 1/1/68

at 1955 a method and beauty of first 07 5 5 5 5 5 Constant C. II donald ... Prisonald authorized ... Thomas II. Thousand OURSELL PROPERTY AND LESS ASSESSMENT OF THE PROPERTY OF THE PR Andre Committee
١	4-52	4	MED	ICAI		ALTIMORE CITY H			DEAT	'н	72	1031	7
BI	RIH NC.		,,,,,,,		//	WITH ALK O	CLKIIII	CAILOI	DLAI	REG. NO.			
	NAME OF DE	CEASED					2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
G	pe or Print)		MELVIN	ANG	LE		OF DEATH	Estimoted					
4.	PLACE IN BA	TIMORE, MA				NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	M.
FL	IL NAME OF DSPITAL RINSTITUTION	(IF NO		LORINS		I, GIVE STREET	PRONO	UNCED DEAD	Januar	y 6, 19	72	12:	M
	00	523 W.	Lanva	le S	treet		A. STATE	ESIDENCE (Whe Marylan		B. COUNTY	: residence	before odm	ission)
6.	SEX	7. RACE		B. MARI	RIED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS	?	
	Male	Ne	egro	WIDO	VED 🗆	DIVORCED		Baltimo	re	V	s 🖄	No 🗆	
	DATE OF BIRT		10. AGE (in last birthdox 70	years ()	If Unde Months	r 1 Yr. if Under 24 Hrs. Doys Hours Min.	E. STREET	523 W	Lanvale	Street		NO	
11.	BIRTHPLACE (state or loreig	in country)			ZEN OF AT COUNTRY?	13. FATHER						
14/ dor	LUSUAL OCCU	PATION (Giv	e kind of work i en il retired)	4B. KINI	OF BU	SINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME				
16. (Ye	WAS DECEAS s, no or unknown	ED EVER IN	U.S. ARMED	FORCE:	5? 17	SECURITY NO.	IB. INFORM	MANT		Al	DDRESS		
-	19. 47	100 2.7				CAUSE OF DEA	TU					APPROXIMATE I	IN ITE PAGE
	7-10	2 71									BET	WEEN ONSET	
			ITION DIREC	CTLY		Arterios	clerotio	c cardiov	ascular	diseas	e		
		LEADING TO				(A)IMMEDIATE	CAUSE						
	heart loilure	, osthenio, etc	mode of dyl	disease.		DUE TO, OR	AS A CONSEQ	UENCE OF:					
	Julary or cor	nplicoilon whi	ch caused deo	th.)									
	l Ai	NTECEDENT	CAUSES			403							
			ONS, IF ANY,	GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE	ABOVE CA	USE (A) STATI	ING THE							100		
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ERTIFICATION	TO THE DEA	ATH BUT NOT	II NDITIONS CO RELATED TO T GIVEN IN PA	THE TERM	INAL		- FF		3.6				
F						ICH OPERATION W	AS PERFORM	FD			DI AUT	OPSY? (Yes	as Na\
S	(5)					il cit of Example 11	AS I EKI OKI				21. AUT	ארטון (יפי	01 140)
7	22A. FYTER	MAL CAUCE	WAS.									No	
FDICAL	UNDERLYING UTING CA	USE OF DEA	TRIB-		hame, fa	CE OF INJURY (e.g., rm, factory, street, affic	in or obaut 2 ce bldg., etc.) if	2C. WHERE DID NJURY OCCUR?	(If In Baltimai	re City, give exo	t location)		
Σ	OF INJURY	(Manth)	oy) (Year)	(Hou	r) 22E.	NJURY OCCURRED		2F. HOW DID IN	JURY OCCI	JR?			
	(APPROX.)				m. WHIL	E AT NOT	WHILE VORK						
	23.					AIT	TORK LII						
	1 cert	Ify that I he	eld an In	quiry [] Ir	spection X Au	tapsy 🗌	and that on t	this basis.	death in my	anlnian		
	result	ed from: N	atural caus		Acci			micide 🗌		ned manner			
		75	4 2	7	0	2011		HIEF MEDICAL		T manner L	_		
13	ACTUAL	(')	1.10	1	- di	1						DATE SIG	NED
	SIGNATI		wills	7,	UN	mgale W.C	ASSIS	STANT MEDICAL	EXAMINER	N -			114 4
24	NAME (T	ype)	arles	S. Si				CIATE MEDICAL			uary (6, 197	2
	MOVAL (Specif		4B. DATE		24C. N	AME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town,	or county) (Sto	ote)
	Buria		7,	11 7	2	Mt Aubur	n Comt	E	D.	7 4 3 4	2		
25.	A. DATE REC'D	- Pine	DEPT.	25B. N	AME OF	REGISTRAR	25C. F	UNERAL DIRECT	or Ba		DRESS		
14	IRMAD	4779	700 45	1 3	8.3	43	187	- Ditte					
_	JAN 12	BIL	COOK OF C	1		759 0	I	. L. Br	own 12	3W. Mo	ntgo	mery	St.
VS	151-REV. 1/1/68			3	1	die het							



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	H-40 72 00318 BALTIMORE CIT	Y HEALTH DEPARTMENT	20 00046				
	CERTIFICA	ATE OF DEATH REG. NO	72 110318				
	NAME OF DECEASED Type or Print)	2. DAJE AND HOUR OF DEATH					
	Type or Print) Joseph Holloway 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	1/9/72 - 8	1 833 PM.				
	MARIEAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institute. B. COUNTY	tion; residence before admission)				
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE	CITY LIMITS?				
If	BOLTON HILL NURSING Home		NO [
	90	1745 DRUID HILL A	ve				
	6. RACE 7. MARRIED NEVER MARRIED NAMED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Under 1 Yr. If Under 24 Hrs. anths Days Hours Min.				
1	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRE	11723	2. CITIZEN OF WHAT COUNTRY?				
	Parter (Retried) Hospital	MARYLANd	Cl. 5.				
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	George Hohloway	UNKNOWN					
1	5. Was Deceased Ever in U. S. Armed Forces? (os.no or unknown) (II yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS				
	MQ 215-05-5925	Admission Record	/				
	18. CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	25000					
	(This does not mean the mode of dying, e.g., hoort foilure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	yes				
	injury or complication which caused death.)	weirellens gesærliged	Jus				
	ANTECEDENT CAUSES	wollet folgery long	News a				
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:					
	UNDERLYING CONDITION last, (C) Cerel	of Motions aff	yeus				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?				
	OR CONTRIBUTION OF THE PARTY OF	in or about 21 C. WHERE DID (If In Baltimore CII	y, give exact location)				
	21D. TIME (Month) (Day) (Year) (Hand 21E INTITES OCCUPED)	21F. HOW DID INJURY OCCUR?					
	OF INJURY (APPROX.) While At Not While At Not Walk	• 🗖					
	22. I certify that (I) (this hospital) attended the deceased from	6/2/ 1968 to /	19 192-				
	that (1) (we) last saw the deceased alive on	19 2 and that In (my) (our) opinion	,				
ond haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Ca. Stoff Ca.							
	DEGREE Phy	Director Phys.	1110/72				
	NAME (Type)	23D. ADDRESS VEREN S BLA	und a				
2	A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CRE		14 1722				
	REMOVAL (Specily)	Baltimore, Md.	wn, or county) (State)				
2	Burial 1/13/72 Mt. Auburn 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
	JAN 1 2 1972 BBG E Jabon M.D. ()	Chatman Funeral Home. 1701	McCulloh St.				

BOLDON MILL NORTHLY From

Parter (Retried) Hospital

. 33

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M-160	0034		HEALTH DEPARTMENT	REG. NO	72 00319	
1. N	TH NO.	,	CERTIFICA		ND HOUR OF DEATH		
{Тур	Mobuary Rosie			1/7/7		9:00 P.	
FUI	PLACE IN BALTIMORE MARYLAND,	WHERE PRONO		A. STATE B. COUP	ere deceased lived, If Ins	stitution; residence before admission	
HO	CHILIDON		UTION, GIVE STREET	C, CITY OR TOWN	D. INSI	DE CITY LIMITS?	
	Provident	-	_	Baltimore		YES NO	
	2600 Liber	ty Heig	nts Ave.	E. STREET AND NUMBER 2014 N. Fulto	n Ave.		
	male Black	WIDOWED		3-17-26	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.	
tOA.	USUAL OCCUPATION (Give kind of wo during most of working life, even if retired) None	108, KIND O	F BUSINESS OR INDUSTRY	Altalla, Alab		U. S. A.	
13. F	FATHER'S NAME			14. MOTHER'S MAIDEN NA			
	Derry Howard	,		Duby Canft			
	Was Decoased Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	Ruby Craft		ADDRESS	
(Yes,	i,no orunknown) (If yes, give war ar dat	es of service)	\$ECURITY NO. 419-26-9008	Mr. Frank Mobu	ary-Husband	Same	
	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO	stoling the	(c)	A CONSEQUENCE OF:			
3	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA 19A-DATE OF OPERATION 19B-CON WAS PE	NOTION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes at No	D) 208 IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?	
CAL CERTIFI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218 harr	ie, farm, foctory, street, al	NONE n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?		City, give exact lacotion)	
MEDI	21D. TIME (Month) (Day) (Year) (Haut) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	22. I certify that (I) (this hospita that (I) (we) last saw the deceas	l) attended t ed alive an	he deceased from 12	/ 31 / 71 and th	19ta	19	
	and have and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED						
	23C. PHYSICIAN'S NAME (Type)	en-	DEGREE Phys	23D. ADDRESS	Staff X Phys.	1/11/72	
	Elijah Saunders, la surial CREMATION, 24B. DATE REMOVAL (Specify)	24C.N/	DEGREE		OCATION (City	, town, or county) {State}	
	Burial 1-12-72 Date rec'd by Health Dent. AN 1 2 1972	25 FYNAME C	Calvary Ceme	25C. FUNERAL DIRECTOR		Md. ADDRESS ome 1701 Laurens S	
5 1	150-REV, 1/1/68	4 4		- 0 0 10		ino iyor Eductors	

Annual Control of the

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VS 151-REV. 1/1/68

BALTIMORE CITY HE	EALTH DEPARTMENT
	CERTIFICATE OF DEATH PEG NO.
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known & Month Doy Year Hour
Paul Thomas	DEATH Estimoted LJ 1 11 72 12:45A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yeor Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	1 11 72 12:45 A _M
Lutheran Hospital	5. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) A. STATE B. COUNTY
	Maryland 150 d
6. SEX 7. RACE 8. MARRIED NEVER MARRIED X	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO [
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months : Days : Hours Min.	E. STREET AND NUMBER
12-28-49	1416 N. Mount Street
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
Clarkton, N. C. WHAT COUNTRY?	Claude P. Thomas
IAA. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
unemployed	Mable McKeithan
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no grunknown)(II yes, give war, or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS
(Yes, ne grunknown) (II yes, give war or dotes of service) SECURITY NO.	Mabel Thomas 1416 N. Mount St.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	Teft temporal subarachnoid
(A)MMEDIALE (A)MME	CAUSE Left temporal subarachnoid AS A CONSEQUENCE OF:
	hage with skull fracture
ANTECEDENT CAUSES (6)	
	AS A CONSEQUENCE OF:
INDERLYING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED [21. AUTOPSY? (Yes or No)
o constitution of the cons	Yes
22A. EXTERNAL CAUSE WAS 122B. PLACE OF INJURY (e.g.,	
UNDERLYING OR CONTRIB. home, form, factory, street, office	In or obout 22C, WHERE DID (if in Baltimore City, give exact location) bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	1416 N. Mount Street
OFINIURY	WHILE IT
	white supposedly jumped from 2nd floor window
	topsy X and that on this basis, death in my opinion
resulted from: Natural couses Accident Suicid	
ACTUAL //// ACTUAL	DATE SIGNED
SIGNATURE M.D	ASSISIANI MEDICAL EXAMINER
NAME (Type) W. rner II Spitz M. D.	ASSOCIATE MEDICAL EXAMINER 1-11-72
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	or CREMATORY (24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	(Sidile)
Burial 1-15-72 Mt. Auburn C	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS

Morton & Dyett Funeral Home 1701 Laurens St.

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R-152 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGIND

72	1321
1000	041

BIRTH NO.								REG. NO		
I. NAME OF DECEASED (Type or Print) GRACE ROBINSON					Known Estimote	_	Month	Doy	Yeor	Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					UNCED DE	AD	Month 1	10 Doy	1972	10:20
00 211 N	N. Culver	St.		A. STATE	Md.	(Where d	ece osed li	ved. If institution B. COUNTY	on: residence b	pefore admission
6. SEX 7. R	negro	8. MARRII WIDOWI	ED NEVER MARRIED DIVORCED	C. CITY O	rown Bal	to.		D. INSIDE C	25	NO 🗆
9. DATE OF BIRTH 2-27-1920	10. AGE (In lost birthdo	yeors y) 51	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		AND NUMI		r St.			
Baltimore	or foreign country)		2. CITIZEN OF WHAT COUNTRY? U. S. A.	13. FATHER	's NAME	White	a .			
4A.USUAL OCCUPATION of working most of working	ON (Give kind of work	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTH		NAME		-		
6. WAS DECEASED E			7 17. SOCIAL SECURITY NO.	18. INFOR		rte		A	DDRESS	
Yes, no or unknown) (If ye			SECURITY NO.	Mı	s. Gra	ce W	hite	2836 C1		Avenue
19. 4-5 /	8		CAUSE OF DEA						AP	PROXIMATE INTERV
DISEASES OR C RISE TO THE ABO UNDERLYING C OTHER SIGNIFICA TO THE DEATH	CEDENT CAUSES ONDITIONS, IF ANY OVE CAUSE (A) STA CONDITION LAST. II ANY CONDITIONS CO	ONTRIBUTI	(c)	AS A CONSE	QUENCE OF					
20A. DATE OF OPP	ERATION 20B. COI		OR WHICH OPERATION W	AS PERFOR	MED					PSY? (Yes or No
22A. EXTERNAL UNDERLYING CAUSE		2	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, officers)	, in or obout ce bldg., etc.)	22C. WHERE	DID (If	in Boltimo	re City, give ex		
22D. TIME (Mon OF INJURY (APPROX.)			WHILE AT NO	T WHILE	22F. HOW D	ULNI DIO	RY OCC	UR?		
23. I certify to resulted for ACTUAL SIGNATURE_EXAMINER'S NAME (Type)	Russell	ses 🕱	Inspection At Accident Suici	de H	omicide CHIEF MED ISTANT MED DCIATE MED	UICAL EX	AMINER AMINER AMINER		1-10	
24A. BURIAL CREMATION (Specify) Burial	ON, 248. DATE	2	Mt. Aubur					ore, Md		(Stote)
JAN 12 1	9/2 Valley	25B. NA	ME OF REGISTRAR		FUNERAL C				ADDRESS	1 Lauren

2-3-1972 - Form -Completion of cause of death on a pending medical examiner death certificate Russell S. Fisher, M.D.

HRS

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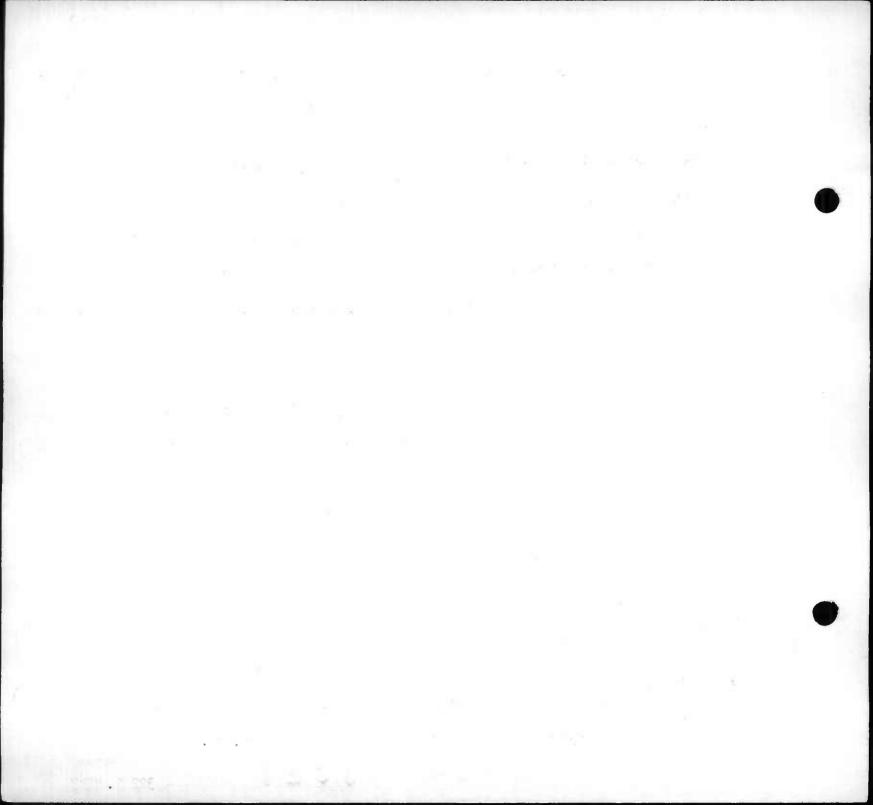
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	and used the
	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	ner. actura pron
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AL	medicelection by sich was remained in was rema
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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VS 150-REV- 1/1/68

1	00322			HEALTH DEPARTMENT	,	72 00322		
BIRTH NO.			CERTIFICA	TE OF DEATH	REO. 110			
1. NAME OF DI	CEASED			2. DATE	AND HOUR OF DEATH			
crype or rang	Michae	el J. I	DeLorenzo	1.	/7/72	11:20 a. M		
3. PLACE IN B	ALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	Where deceased lived. If in	astitution: residence before admission)		
FILL NAME O	5 45 MOT IN MORRISON			Maryland	UNIT	307		
HOSPITAL OR	ADDRESS OR LOC	ATION)	TUTION, GIVE STREET					
NOITUTITENI				Baltimore		IDE CITY LIMITS?		
30				E. STREET AND NUMBER		YES XX NO		
The Jo	ohns Hopkins	Hospi	ital					
5. SEX	6. RACE	17			Lbemarle St			
			NEVER MARRIED	8. DATE OF BIRTH 2/26/59	last birthday) 12	Months Doys Hours Min.		
Male	Cauc.	WIDOWED						
ione during most of	CUPATION (Give kind of world working life, even it retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	oreign country)	12. CITIZEN OF WHAT COUNTRY		
Stude				Balto., M	Md.	U.S.A.		
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN				
Micha	ael P. DeLor	enzo		Madeline				
					LITTEL			
Yes, no or unknow	od Ever in U. S. Armed For	rces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS		
No			None	Mr. Michael	P. DeLore	nzo 322 S. High		
18.	20 %		CAUSE OF DEAT			1 APPROXIMATE INTERVAL		
Dies	ASE OR CONDITION DI	NECT Y		•		BETWEEN ONSET AND DEATH		
DISE	LEADING TO DEATH	KECILI		P. distan		10/		
(This does	not mean the mode of	dving. e.c.	(A) IMMEDIATE CAU		uralory ar	est 10		
heart failure	, aslhenia, etc. Il means	the disease,	DUE 10, OR AS	A CONSEQUENCE OF:	/	(11		
infinity of co	emplication which caused			11 100	4	1 week		
	ANTECEDENT CAUSES		(B) Vage	Vresserator	we wife tion	Erth 480 1 Acitia		
DISEASES	OR CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		/		
	he abave cause (A)	slaling the	in Their	en OAN Auch	malier lunds	tad Tuesan		
GITDEREIN	to contamon just.		(C)///	acer agric	omy and o	ing referring		
Z	IFICANT CONDITIONS CO	ALITEURICE IA			•			
TO THE DEA	ATH BUT NOT RELATED TO T	HE TERMINAL						
U IDA DATE C	CONDITION GIVEN IN PAR P OPERATION 198, CON		WHICH OPERATION	120A AUTORCY2 (Vac. o.	Nell 200 to use were	SUPPLIES CONCIDENTS		
21A. ACCID	WAS PER	FORMED	WHICH OPERATION	AUTOPSTATIES OF	No. 208, IF YES, WERE IN CERTIFYING CA	USES OF DEATH?		
NA ACCIO	PAIR WAS HAD SOLVING	1 1000		NO				
. OR CONTRI	ENT WAS UNDERLYING	J 218	PLACE OF INJURY (e.g., in ne, form, foctory, street, of	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exect location)		
DEATH (noti	ly medical examined	elc.)					
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Houd) 21E	INJURY OCCURRED	21E. HOW DID I	NJURY OCCUR?			
OP INJURY		Wh	ile At No! While					
		Wo	ork LJ At Work		W/ 100 mm	,		
22. I certif	y that (1) (this hospital) attended t	he deceased fram	1/1	19 72 to	1/7 19 72		
) lost saw the decease		1/7	19 72 and		nian death occurred on the dat		
	•		H (We) (did) (did not) v			and a control of the dat		
23A. SIGNAT	URE TOUR THE COUSES STO	red and Ae' N	/ (ue) (gig) (eta:nes) A	ew the body offer deaf	Ne .	DOD DATE COLOR		
	- 00		Aug	nding Med.	SLUT I	23B, DATE SIGNED		
Luc	anne S. Elde	ullen	DEGREE Phys	iding Med. Director	Staff Phys.	AW 10, 1972		
23C. PHYSICI NAME	ANS		2	3D. ADDRESS		V.		
	Dianne S	. Elfe		The Johns H	lopkins Hosp	pital		
4A. BURIAL CR	EMATION, 248, DATE	24C. N	DEGREE AME OF CRE	MATORY 1240	LOCATION (Ci	by fown or country.		
REMOVAL	(Specify) 248. DATE					ly, town, or county) (Stote)		
BURIAL		HOL:	Y REDEEMER	В	ALTO. Md.			
SA. DATE REC'	D BY HEALTH DEPT.		OF REGISTRAR	259. FUNERAL DIRECT	OR	ADDRESS		
1/2	N 1 9 1072 12	2.88	Jaben, M.D. 1	0/0 3 Bu	Dul 11	200 6 ****		
	the ball			A LA SECTION OF THE	WILLIAM NOR	- 322 S. HTGH		



r	1	C 640 BALTIMORE CIT	Y HEALTH DEPARTMENT					
	В	RITH NO. CERTIFICA	ATE OF DEATH REG. No.					
	1.	NAME OF DECEASED	2 DATE AND HOUSE OF DEATH					
	1	Joseph Cirillo	1-10:77 1780 A.					
	3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. It institution: residence before admission) A. STATE B. COUNTY					
	F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 2636					
	A 12	311011014	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
3	11 1	altimore City Hospitals	Baltimore YES NO [
	11	940 Eastern Avenue	E. STREET AND NUMBER					
made		altimore, Maryland 21224	1124 Broening Highway 21224					
Ē	Н	MAKKIED NEVER MARRIED	last birthdovi Manths Days House Min					
2.	10	Male Caucasian WIDOWED DIVORCED A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI	7-27-17 54					
disposition is	do	ne during most of working me, even if felifed)	Thalv					
sit	13	LOBORER SANITATION DEPT.	-S.A.					
bo		nitario	14. MOTHER'S MAIDEN NAME Rose					
o o	Ш	CTRILLO	MELI					
final		Was Deceased Ever in U. S. Armed Forces? 15, no or unknown) (If yes, giva war ar dolas af service) 16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern Avenuboress					
Ę.		NO 219-01-5634	BCH: Records Baltimore, Maryland 21224					
0		18. CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
99		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	520518 3/1/005					
E		(This does not meen the made of dying as (A) IMMEDIATE CAL	A CONSEQUENCE OF:					
pa		heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	A CONSEGUENCE OF:					
E		ANTECEDENT CAUSES DOS	T-OPERATIUS INFECTION					
910		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:					
		INDERLYING CONDITION Int	IN COLECTOMY FOR BLEEDING					
remains		(c) 1	SUST COETTY CO					
E	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING VOCALLA	IS PESP-CHARDINE ARREST					
9 7	ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	FCORTICIPE A LICENT					
the	FIE	19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED					
betore	CERTIFIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i						
eto	CAL	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, loctary, street, all of the contributions of the contribution	fice bldg, INJURY OCCUR?					
	SIC.	The state of the s						
dined	MEDI	27D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?					
5		Work At Work						
22. I certify that (I) (this hospital) attended the deceased from 12-15								
9		that (I) (we) last saw the deceased alive an 1-10	19 72 and that In(my) (our) opinion death accurred on the date					
		and hour and fram the causes stated above. (1) (We) (did) (did nat) view the body after deoth.						
E		23A. SIGNATURE	23B, DATE SIGNED					
approval must		DEGREE Phys	nding Med. Staff Director Phys. X					
0		23C.PHYSICIAN'S WAME Type Leadbetter, M.D.	23D. ADDRESS Raltimore City Hospitals					
d	L	******	Baltimore City Hospitals 4940 Eastern Avanue Baltimore, Maryland 21224					
	244	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)					
0	BI	URIAL I/I3/72 HOLY REDEEMER	BALTO. Md.					
Written	25/	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25% FUNERAL DIRECTOR ADDRESS					
5		JAN 1 2 1972 week E. Jacker, M.D.	O Lanca M. O alla I See 322 a					
	V5	150-REV, 1/1/68	TIME STATE AND STATE OF THE STA					

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was D.O.A. deceased p TOMLYN

2. DATE AND HOUR OF DEATH

January 10, 1972. 4. USUAL RESIDENCE (Whore deceased lived, If institution: residence before admission)

LACE	IN	BALTIMORE,	MARYLAND,	WHERE	PRONOUNCED	DEAD

LESTER

Md.

FULL NAME OF HOSPITAL OR INSTITUTION

(Type or Print)

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES X NO

910 S. Baylis St. Balto., 21224, Md.

E. STREET AND NUMBER 910 S. Baylis St. #21224.

5. SEX 6. RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED

8. DATE OF BIRTH Mar.19,1905

17. INFORMANT

9. AGE (In years If Under 1 Yr. Months: Doys 66

12. CITIZEN OF WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Retired

York , Nebraska 4. MOTHER'S MAIDEN NAME

U.S.A.

APPROXIMATE INTERVAL

RETWEEN ONSET AND DEATH

Hours

If Under 24 Hrs. Hours Min.

13. FATHER'S NAME

Dever

Unknown

15. Was Docoosed Ever in U. S. Armed Forces (Yes, no or unknown) (If yos, give wor or dotes of sorvice) No

1 6. SOCIAL SECURITY NO.

CAUSE OF DEATH

Beth. Steel Co.

DEVER.

111-07-5891 Van D. Dever

8027 Dalesford Rd. Balto., 21234, Md.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.

INFARLTION (A) IMMEDIATE CAUSE MYDLARD IAL
DUE TO, OR AS A CONSEQUENCE OF:

DUE TO, OR AS A CONSEQUENCE OF

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL

20 A. AUTOPSY? (Yes or No! 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21B. PLACE OF INJURY (o.g., in or about 21 C. WHERE DID home, form, factory, streat, office bldg., INJURY OCCUR? otc.)

(If in Boltimore City, give exoct location)

OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar) 21 D. TIME OF INJURY (Month) (Doy) (Year)

DISEASE OR CONDITION GIVEN IN PART 1 (A)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY (A PPROX.)

White At Work

and have and from the causes stated above. (1)(We) (did) (fid nat) view the body after death.

Not While At Work

that (1) (we) last saw the deceased alive on.

8-5-66 22. I certify that (1) (this haspital) attended the deceased fram.

and that in((my))(our) apinian death accurred on the date

23A. SIGNATURE

Attending [

Mod. Staff Director L

23B. DATE SIGNED 1.1272

23 C. PHYSICIAN'S NAME (Typo)

WALSH AIDAN

23D. ADDRESS 222 St. Paul St. Balto. Md.

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

24C. NAME of CEMETERY OF CREMATORY

(City, town, or county)

Sacred Heart Cem. Burial 1 - 13 - 7225A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR Balto . 21224 . Md.

7401 German Hill Rd., Ba.Co.Mc

VS 150-REV. 1/1/68

THE COUNTY OF WIND ON PERSON Tayled 1

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72 00325

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE	OF	DEATH
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122	NUMBERS.	MED	DICAL	EXAMINER'S C			DEAT	H REG. NO	72 (10325	
BIRTH NO.					2. DATE					To.	
(Type or Print)	NAME OF DECEASED Anna Mae Beverly					Estimoted	Month	Doy	Yeor	Hour	М.
				NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION				JNCED DEAD	1	9	1972	1:45	р.м.		
00		berty	Height	s Avenue	A. STATE	ESIDENCE (Where	e deceosed Ir	B. COUNTY	n: residence b	etore Samissi	52
6. SEX	7. RACE			NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
female	e negro		WIDOWE			Balto.		,	res 🕱 ı	NO [
9. DATE OF		10. AGE (n yeors H	Under 1 Yr. If Under 24 Hrs.	E. STREET	ND NUMBER		,	1.3 (2.4)	40 []	
5-7-19	~ -	lost birthde	7	onths, Doys, Hours, Min.	4	300 Liber	ty Hei	ghts A	venue		
	CE(State or fore	ign country)	12	WHAT COUNTRY?	13. FATHER						
	inia	ve kind of work	14B KIND C	OF BUSINESS OR INDUSTRY		SCOTT.	ME				
done during mo	st of working life, e	ven if retired)									
	EASED EVER IN	IIIS APME		OME 17. SOCIAL	IB. INFOR	nnie Sco	CC		DDRESS		
	nown) (If yes, give			SECURITY NO.							
NO 119.		17		220-09-298		William	н. в	everly	4300	L1De1	rty F
19.	9561	X		CAUSE OF DEAT						EEN ONSET AN	
DIS	SEASE OR CON		CTLY	Incised wounds	s of le	ft wrist					
176: 1	LEADING T			(A)IMMEDIATE C							
heart fo	oes not meon the pilure, osthenio, et	c. It meons th	e diseose,	DUE TO, OR A	S A CONSEC	UENCE OF:					
injury	or complication wh	ich coused de	oth.)								
	ANTECEDEN	CAUSES		(B)							
DISEAS RISE TO	SES OR CONDIT O THE ABOVE CA	IONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
LINDE	RLYING CONDI	TION LAST.		(c)							
<u>ē</u>		TÍ.									
O TO THE	SIGNIFICANT CO E DEATH BUT NO SE OR CONDITION	NDITIONS C	THE TERMIN				~~~~				
20A. DAT	E OF OPERATIO	N 208. CO	NDITION FO	OR WHICH OPERATION WA	S PERFORA	NED			21. AUTO	PSY? (Yes or	No)
02									yes		
	XTERNAL CAUSE		22	B. PLACE OF INJURY (e.g., ome, farm, foctory, street, office	in or obout	2C. WHERE DID	(If in Boltimo	re City, give ex	oct locotion)		
	YING TO OR COP		l lic	home	s blug., elc.) I	4300 Libe	rtv He	ights	-27	500)
≥ 22D. TIN	AE (Month)	Doy) (Yea	r) (Hour)	22E. INJURY OCCURRED	2	2F. HOW DID IN	JURY OCC	UR?	-		
OF INJUI		2	? m	WHILE AT NOT AT W	WHILE X	Subject c	at wri	st with	knife		
23.	certify that I	hold on	Inquie:	Inspection Au	topsy 🔄	ond that on t	hie hasis	death In	, oninian		
re	esulted from:	Notural co	uses 🔲	Accident Suicid				ned monner			
ACT	TUAL	1	DW.	0		CHIEF MEDICAL I		R		DATE SIGN	ED
	NATURE	0	VO-	Mre M.D	. ASSI	STANT MEDICAL	EXAMINER				
	MINER'S ME (Type)	Russe	11 S. I	Fisher, M.D.	ASSO	CIATE MEDICAL E	XAMINER		1-1	10-72	
		24B. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tow	vn, or county)		:)
Buria		1-13-	1972	Mt. Auburn	Cemet	ery Ba	ltimo	re	Ма	ryland	đ
25 A. DATE RE	EC'D BY HEALTH			ME OF REGISTRAR	25C.	FUNERAL DIRECT	OR		ADDRESS		
	IAN 12 1	972	State E	Jaber M.D.	NU	TTER FUN	ERAL	HOME 3	3035 W	. NOR	TH A
VS 151-REV. 1	/1/6B	20 1	1, 0	4 50) 2 6					

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BALTIMORE	CITY	HEALTH.	DEPARTMENT
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REG.	NO.	2113	00399

	TE OF DEATH
1. NAME OF DECEASED ROBERT JONES	2. DATE AND HOUR OF DEATH 1 - 9 - 72 8:05 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where doceosed lived, Il institution: residence before admission)
FULL NAME DE (IF NOT IN HOSPITAL DE INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI	MD 1511
Sinai Hospital & Balzo.	BALTIMORE YES NO
	3707 DENNLYN RD. #15
Male Negra WIDOWED DIVORCED	12-18-1891 9. AGE (In yours If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
chef Pvt. Family	Virginia USA
	14. MOTHER'S MAIDEN NAME
? ?	? ?
SECURITY NO.	17. INFORMANT ADDRESS
No 220-14-9330	Mrs. Louise G. Jones 3707 Dennlyn Road
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUS	E CARDIAC ARREST
head failure, asthenio, etc. Il means the disease, injury or complication which coused death.)	CONSEQUENCE OF:
ANTECEDENT CAUSES	OCARDIAL INFARCTION
DISEASES OR CONDITIONS, if ony, giving	OCARDIAL INFARCTION CONSEQUENCE OF:
rise to the obove couse (A) stating the UNDERLYING CONDITION tost.	SCVD
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 VASCULAR ACCIDENT
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21B. PLACE OF INJURY (e.g., in home, farm, factory, sheet, officially	or obout 21 C. WHERE DID (If In Boltimore City, give exoci location) ce bidg., INJURY OCCUR?
Q 21 D. TIME (Month) (Doy) (Your) Hour 215 INTERY OCCUPRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not While At Not Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	11-23 197/ to 1-9 1977/
that (1) (we) lost saw the deceased alive on 1-9	19 72 and that in (my) (our) opinion death occurred on the date
ond hour and fram the couses stated above. (1) (We) (ald) (did not) vie	sw the body ofter death
23A. SIGNATURE	23 B, DATE SIGNED
Alena Change MD Attend	
22C BLIVELCI A A A	D. ADDRESS 3 HAMILL RD. IAPT 5
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	0 1777
	tony, towns of country (stone)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	al Park Baltimore Co. Maryland 25C. FUNERAL DIRECTOR ADDRESS
JAN 1 2 1972 U6626 E. Jaben 10	OUTTER FUNERAL HOME 3035 W. NORTH AVE
/S 150-REV. 1/1/6B	TO W. NORTH AVE

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FUNERAL DIRECTOR: IMPORTANT	chi a	the
Œ.	the dal	2
	pproved by the chief medical examiner or his assistant if death occurred in a hospital and with hospital by a medical examiner. Also, if the direct or contributing cause of death may nature. (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	(except where the physician who pronounced death was in regular attendance on the
	e h	KCOP
	app to th	9
	pes d	pito
	leas	hos
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and with body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death with the contributing cause of death with the contribution of the contributi	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
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	bod	D.C
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sed prior to death.

RIP	TH NO.	s thosa		CERTIFICA	ATE OF DEATH	REG. NO	7.67	S. Carlo	
1. N	AME OF DECI	Claude O. D	andrid	ge		and Hour of DEAT		200	
3. 1		IMORE, MARYLAND, W		-	4. USUAL RESIDENCE (V	Vhere deceased lived. If	institution; resident	ce before admission	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					Maryland /608				
HO IN S	STITUTION	ADDRESS OR LOCA	ATION)		C, CITY OR TOWN	D. IN	VSIDE CITY LIMITS?		
1	10				Baltimore		YES K	ио 🗌	
	1013	Wildwood !	Parkwa	Y	1013 Wildwe				
5. S	SEX	6. RACE	7. MARRIED	X NEVER MARRIED		9. AGE (In years	If Under 1 Yo. Months Days	, If Under 24 Hr	
Ma	ale	Negro	WIDOWED		5-28-1889	lest birthday	Monins Days	Hours Min.	
don		vorking life, even If retired)		School Sys	IT 11. BIRTHPLACE (State or			WHAT COUNT	
	FATHER'S NAA	-	D. C.	benoor by.	14 MOTHER'S MAIDEN		· ODA		
		ndridge			Susan Bail				
5. 1	Was Decoused	Ever in U. S. Armed For	cos?	1 & SOCIAL	17. INFORMANT	-	ADD	RESS	
_	s, no or unknown) NO	Uf yes, give war or date	s of servicel	SECURITY NO.	3Mrs. Doroth	v Dandrida	e 1013 M	boowbli	
	18. 22. /	2 22.		CAUSE OF DEA		y Danatiug	APP	ROXIMATE INTERVAL EN ONSET AND DEA	
		plication which caused		Δ	S A CONSEQUENCE OF:	2	1		
N	DISEASES O	ANTECEDENT CAUSES R CONDITIONS, II above cause (A) CONDITION last	death.) any, giving stating the	(a) DUE 10, OR A	SCVD-U AS A CONSEQUENCE OF: WEMIA	Censelyed		4 NKS	
4	DISEASES OF CONTROL OF THE DEATH DISEASE OR CO	ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS CO H BUT NOT RELATED TO TO DONDITION GIVEN IN PAR	any, giving stating the NTRIBUTING HE TERMINAL	(c) A	SCVP-L SA CONSEQUENCE OF: MEMIA	Disease	DE ENDINGS CON		
U	DISEASES OF CONTROL OF THE DEATH DISEASE OR CO	ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION (ast. II CANT CONDITIONS CO H BUT NOT RELATED TO TO DONDITION GIVEN IN PAR OPERATION 1198. CON 1198. C	any, giving stating the NTRIBUTING HE TERMINAL IT I (A). DITTON FOR YEAR OF THE PORMED	(c) A Chro WHICH OPERATION	SCVD-C AS A CONSEQUENCE OF: WEMIA	Description of the second of t	RE FINDINGS CON	SIDERED	
AL CERTIFIC	DISEASES OF THE DISEASE OF CONTRIBUTION OF CON	ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION (ast. II CANT CONDITIONS CO H BUT NOT RELATED TO TO DONDITION GIVEN IN PAR OPERATION 1198. CON 1198. C	any, giving stating the NTRIBUTING HE TERMINAL IT (A). DITTON FOR V FORMED	WHICH OPERATION ROSTINUTY (e.g. PLACE OF INJURY (e.g. per form, foctory, sireet,	SCVP-L SA CONSEQUENCE OF: MEMIA	IN CERTIFYING	RE FINDINGS CON CAUSES OF DEATH	SIDERED 47	
DICAL CERTIFIC	OTHER SIGNIF TO THE DEATI DISEASE OR CO. 21A. ACCIDEN OR CONTRIBU DEATH Inofity	ANTECEDENT CAUSES OR CONDITIONS, II obove cause (A) o CONDITION fast. II ICANT CONDITIONS CO H BUT NOT RELATED TO TO DONDITION GIVEN IN PAR OPERATION OPERA	any, giving stating the NTRIBUTING HE TERMINAL IT (A). DITTON FOR VECTOR HE TERMINAL IT (A). INTO STATE OF THE PROPERTY OF THE	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, injury occurred lie At Not Wi	SCUP- AS A CONSEQUENCE OF: MMI A 20A AUTOPST? (You of In or obout 21C, WHERE DIS office bidg, INJURY OCCUP 21F. HOW DID	IN CERTIFYING	CAUSES OF DEATH	t location)	
MEDICAL CERTIFIC	DISEASES OF THE DEATH OF THE DEATH INDIFFE OF INJURY (APPROX.) 21 A. COUNTRIBUTE OF INJURY (APPROX.) 22 A. I certify that (I) (we) and hour and	ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION fast. II CANT CONDITIONS CO H BUT NOT RELATED TO TO DINDITION GIVEN IN PAR OPERATION 1974 CON WAS PER IT WAS UNDERLYING TITING CAUSE OF medical examined (Month) (Doy) (Year) that (I) (this institute of the cause start of the cause st	any, giving stating the NTRIBUTING HE TERMINAL IT I (A). DITTON FOR V FORMED 21E, home etc. I Houd 21E, Why wo	WHICH OPERATION ROSTATC PLACE OF INJURY (e.g. form, foctory, street, INJURY OCCURRED IN AI Not Wink A Work The deceased from	S C VD- LIS A CONSEQUENCE OF: MM 1 A Renal 20 A AUTOPST? (Yes of office bidg, INJURY OCCUP 21 F. HOW DID hille D C C	IN CERTIFING (II In Bolting) INJURY OCCUR?	nore City, give exac	SIDERED 17 1 location) 19 22 curred on the do	
MEDICAL CERTIFIC	DISEASES OF THE PROPERTY OF INJURY (APPROX.) 21A. SIGNATURE OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATURE OF INJURY (APPROX.)	ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION fast. II CANT CONDITIONS CO H BUT NOT RELATED TO TO DONDITION GIVEN IN PAR OPERATION 1978. CON WAS PER! IT WAS UNDERLYINO TING CAUSE OF medical examined (Month) (Doy) (Yead) that (I) (thicked leaded I from the causes state RE	any, giving stating the NTRIBUTING HE TERMINAL IT I (A). DITTON FOR V FORMED 21E, home etc. I Houd 21E, Why wo	WHICH OPERATION POSTATC PLACE OF INJURY (e.g. FORM, foctory, effect INJURY OCCURRED IN A1 Work A1 Work A1 Work A1 Work A1 Work A1 Work A1 Work A1 Work A1 Work A1 Work A1 Work A2 Work A3 Work A4 Work A5 Work A6 Work A6 Work A7 Work A6 Work A6 Work A7 Work A6 Work A7 Work A6 Work A6 Work A7 Work A6 Work A7 Work A6 Work A7 Work A6 Work A7 Work A7 Work A6 Work A7 Work A	SCUP- SS A CONSEQUENCE OF: WM A Recurl 20A-AUTOPST? (Yes of NO office bidge INJURY OCCUP 21F. HOW DID hill 19 72 and view the body after dea Hending Med. Director	IN CERTIFING (II In Bolting) INJURY OCCUR?	nore City, give exec	SIDERED 17 It location) 19 72 curred on the do	
MEDICAL CERTIFIC	DISEASES OF THE DEATH OF THE DEATH INDIFFE OF INJURY (APPROX.) 21 A. COUNTRIBUTE OF INJURY (APPROX.) 22 A. I certify that (I) (we) and hour and	ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION fast. II CANT CONDITIONS CO H BUT NOT RELATED TO TO DONDITION GIVEN IN PAR OPERATION 1978 CON WAS PER IT WAS UNDERLYING THING CAUSE OF medical examined (Month) (Doy) (Yead) that (I) (thic heapted I from the causes state RE RE RE RE RE RE RE RE RE RE RE RE RE	any, giving stating the NTRIBUTING HE TERMINAL IT (A). DITTON FOR VIPORMED 21E, home etc. I Hour 21E, Whi Wo	WHICH OPERATION POSTATC PLACE OF INJURY (e.g., form, foctory, sheet, INJURY OCCURRED IN At Work A	SCUP- SS A CONSEQUENCE OF: WM A Recurl 20A-AUTOPST? (Yes of NO office bidg, INJURY OCCUP 21F. HOW DID hile 19 72 and view the body after dea Hending Med. Director 23D. ADDRESS 422 Medica	IN CERTIFIENCE (II In Boltin INJURY OCCUR? 19 Z to to the to t	apinian death act	SIDERED 17 1 location) 19 22 curred on the do	
MEDICAL CERTIFIC	DISEASES OF THE PROPERTY OF THE DEATH INDIFFERENCE OF CONTRIBUTE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T. JOhn	ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION fast. II CANT CONDITIONS CO H BUT NOT RELATED TO TO DONDITION GIVEN IN PAR OPERATION 1978. CON WAS PER IT WAS UNDERLYING IT WAS U	any, giving stating the NTRIBUTING HE TERMINAL TO I (A). DITTON FOR VERNED PORMED PORM	WHICH OPERATION ROSTATO PLACE OF INJURY (e.g. FINDURY OCCURRED The At At Work The deceased from The de	SCUP- AS A CONSEQUENCE OF: WE MI A 20A. AUTOPST? (Yes of Modern Confidence bidge injury occurs in or obout 21 f. How DID bile injury occurs in or obout 21 f. How DID bile injury occurs in or obout 21 f. How DID bile injury occurs in or obout 21 f. How DID bile injury occurs injury. 19 77 and view the body after dea injury. 23D. ADDRESS 422 Medica REMATORY 246	IN CERTIFING C	apinian death acceptainty for the signal of	SIDERED 17 1 location) 19_22 curred on the do	

Maryland 1-11-1974 Parkwood Cemetery Baltimore 258. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR NUTTER TUNERAL HOME 3035 W. NORTH AVE. VS 150-REV. 1/1/68 2 1972

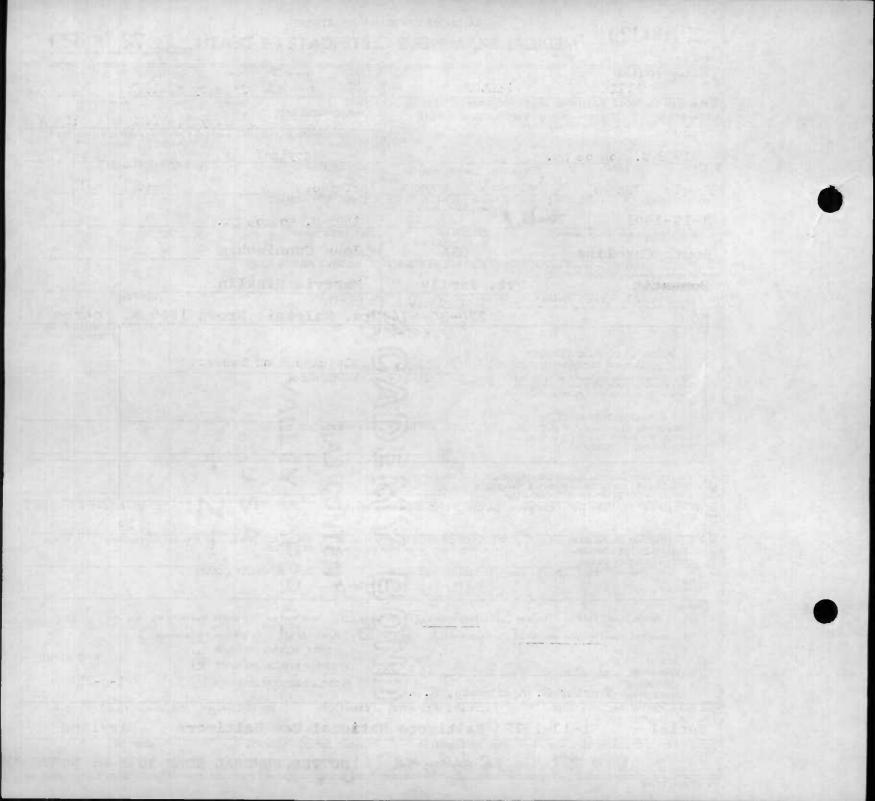
And the state of t

IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 03. 4. USUAL RESIDENCE IWhere deceosed lived, If institution: residence before odmission
A, STATE
B, COUNTY D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Months: Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 216-12-5665MRS. ROSE SETH 3100 DENISON STREET APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Bolttmore City, give exoct locotion) and that In(my) (aur) opinion death occurred on the date 23 B, DATE SIGNED (City, town, or county) (Slote) MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 25C, FUNERAL DIRECTOR ADDRESS NUTTER FUNERAL HOME 3035 W. NORTH AVE. VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

	72 00	1359	MED	ICAL	EXAMINER				DEATH	1	72 0	0329	
BIR	TH NO.									KEG. NO.			
	NAME OF DE	CEASED					2. DATE	Known 📉	Month	Doy	Yeor	Hnur	
(1)	e or Print)	MATTIE		E	FIELDS		OF DEATH	Estimoted	Januar	y 8, 1	972		
4.	LACE IN BA	LTIMORE, MA	ARYLAND, W	HERE P	RONOUNCED DEAD		3. DATE		Month	Doy		Hour	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				NCED DEAD									
HO	SPITAL		ESS OR LOCA		anonon, or Esticel	-				7 8, 19		1:35	
OR	NOITUTITZMI							SIDENCE (Where			residence be	fore odmissi	on)
60	1800 1	N. Monr	oo et				A. STATE	Maryland	E	. COUNTY	10	-0	2
6. 5		7. RACE	OG Dr.	laa			C. CITY OR			D. INSIDE CI	TV 11MITS2	1 1000	Contract Con
		, KACL			RIED NEVER MARRIE		C. CITT OK	OWIN		D. HASIDE CI	II filmila:		
F	emale	Negro		WIDOV	VED 🖾 DIVORCE	ED 🔲	Baltin	nore		Y	ES N	o 🗆	
9. [ATE OF BIRT	Н	ID.AGE (In		If Under 1 Yr. If Under 2		E. STREET A	ND NUMBER					
0	-15-19	101	lost birthdo	,	Months Doys Hours	Min.			10 E				
_	BIRTHPLACE (12. CITIZEN OF	1	13. FATHER'S	N. Monro	e St.				
11.	DIKTHFEACE (alore or lorer	gn country)										
S	outh C	Caroli	na		WHAT COUNTRY?		John	Cunnin	gham				
14A	USUAL OCCL	JPATION (GIV	re kind of work	48. KIND	OF BUSINESS OR IND	USTRY							
	during most of		en if retired)	D	+ Enmile		Mono	and a Trim	1-1				
	omest		115 45455	Pv				via Hin	KTTU				
Yes	WAS DECEAS , no or unknown	Ill yes, give	wor or dates of	f Service	S? 17. SOCIAL SECURITY NO	0.	18. INFORM	ANI		A	DDRESS		
	No				220-30-6	744	Mrs. M	alessia	Brown	1809	N. Mc	nroe	St.
	19. 17 6	LY.			CAUSE OF						APPR	OXIMATE INT	ERVAL
	1/										BETWEE	N ONSET AN	DEATH
	DISEAS		ITION DIREC	TLY									
		LEADING TO			(A)IMMED	DIATE C.	AUSE Car	cinoma of	breast				
	(This does n	not mean the	mode of dyi	ng, e.g.,			S A CONSEQU	ENCE OF:					
	injury or con	mplication whi	ch coused de o	th.)				nd C					
											9 89 1		
		NTECEDENT			(B)								
	DISEASES	OR CONDITI	ONS, IF ANY,	GIVING	DUE TO	O, OR A	AS A CONSEQ	UENCE OF:					
		NG CONDIT		ING INE									
3					(c)								
			11										
8	OTHER SIGN	NIFICANT COL	NDITIONS CO	NTRIBU	TING						100		
正	DISEASE OF	CONDITION	GIVEN IN PA	RT 1 (A)	· · · · · · · · · · · · · · · · · · ·								
CERTIFICATION	20A. DATE O	F OPERATIO	N 208. CON	DITION	FOR WHICH OPERATIO	N WA	S PERFORME	D			21. AUTOPS	Y? (Yes or	No
5	0												
اید	***										No		
EDICAL		NAL CAUSE			228. PLACE OF INJURY home, lorm, loctory, stree	Y (e.g., I	n or obout 22	C. WHERE DID (II In Boltimore	City, give exc	ct location)		
	UNDERLYING CA				nome, torm, toctory, sitee	er, Onice	blog., etc.,	JOKI OCCOR!					
			Doy) (Yeor	(Hou	r) 22E, INJURY OCCU	RRED	22	F. HOW DID INJ	HIRY OCCU	22			
	OF INJURY			(WHILE AT		WHILE	NON DIO III	OKT OCCO.				
	(APPROX.)				m. WORK	AT WO							
	23,				-		_						
	I cert	tify that I h	eld on Ir	quiry L	Inspection X	Aut	opsy L	ond that on th	is basis, d	eath in my	opinion		
	resul	ted from: N	lotural cous	es X	Accident	Suicide	e Hor	nicide 🔲 U	Indetermin	ed monner	7		
			0 0					HIEF MEDICAL E					
	ACTUAL	(.1)	1 1/2	1	17					=	D	ATE SIGNI	D
	SIGNAT		conce	, V	. Osmyale	M.D.	ASSIS	TANT MEDICAL E	XAMINER 1	ZI L			
	EXAMIN	IER'S			.//		ASSOC	TATE MEDICALE	XAMINER I		1-8-	72	
ш	NAME (_{Type)} Cha	irles S	. Spr	ringate, M.D.								
24/	BURIAL CRE	MATION,	248. DATE		24C. NAME of CEME	ETERY o	or CREMATOR	Y 24D. 1	OCATION	(City, town	or county)	(Stote	
RE/	MOVAL (Speci	lly)	1_10	1070									
	Burial		1-12-	19/2	Baltimor	e N	atmona	T Cem B	altimo	ore	Maryl	.and	
254	. DATE REC'D	BY HEALTH	DEPT.	258. N	IAME OF REGISTRAR		25C, FI	JNERAL DIRECTO	R	A	DDRESS		
		IAMAD	1072	Da.	B.E. Farben M	a di	MILIO	जान वचा	י דממים	IOME 3	025 14	MODI	ת נות
		JANZ	13/6	10.63	7. 17.	10 /	7 14,01	TER FUN	P.KAP 1	TOPIE 3	033 W.	NUK	In A
VS	51-REV. 1/1/6	8					0						



a hospital and

BALTIMORE CI	TY HEALTH	DEPARTMENT
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	THEALTH DEPARTMENT REG. NO. 70 10330
BIRTH NO. L.NAME OF DECEASED	TE OF DEATH
Type or Print FINCH. MARY	2. DATE AND HOUR OF DEATH 1-10-72 29.201 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
90 HiLTON NURSING HOME	BALTIMORE YES NO
3313 POPLAR STREET BALTO MD	3406 HILTON ROAD
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. LATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	8-23-1864 107
done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FARMER FARM	RICHMOND, VA. U.S. A
2 2	14. MOTHER'S MAIDEN NAME
15. Was Deceased Eyer in U. S. Armed Forces? 16. SOCIAL	DUSAN?
(Tes, no or unknown) (If yes, give wer or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
118, CAUSE OF DEATH	RUBY E. HATFIELD 3406 HILTON ROAD
DISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	ANUS culius Thromboard.
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which coused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	in fact of 11 m
(B) TY/(V	A CONSEQUENCE OF:
rise to the obove couse (A) stoling the UNDERLYING CONDITION tast. (C)	No state of the st
O THE SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If In Boltimore City, give exact location)
S DEATH (notify modical examines)	ice bidg. INJURY OCCUR?
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURT OCCURRED OF INJURY While Al	21F. HOW DID INJURT OCCUR?
(APPROX.) While Al Work At Work	
22. I certify that (1) (this haspital) attended the deceased from.	8/13 19 7/ to 1/10 19 72
that (1) (we) lost saw the deceased alive on	ond that in (my) (our) opinion death occurred on the date
and hour and from the couses stated obove. (1) (We) (did) (did not) vi	ew the body ofter death.
23A. SIGN AFURE	238, DATE SIGNED
Phys.	iding Med. Shoff 172
100 Property of the second	3D. ADDRESS
Alvin Ihomoson My	2001 E. North Are
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMENT	MATORY 24D. LOCATION (City, town, or county) (Stotel
BURIAL 1-14-72 ARBUTUS MEMORI	AL PARK BALTIMORE CO. MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
IAN 1 2 1972 Poblet E, Jabber M.D. 1	NUTTER EUNERAL HOME 3035 W. NORTH AV

34 ME HILTON PET

是产生特别 的名字 Gen 发来。

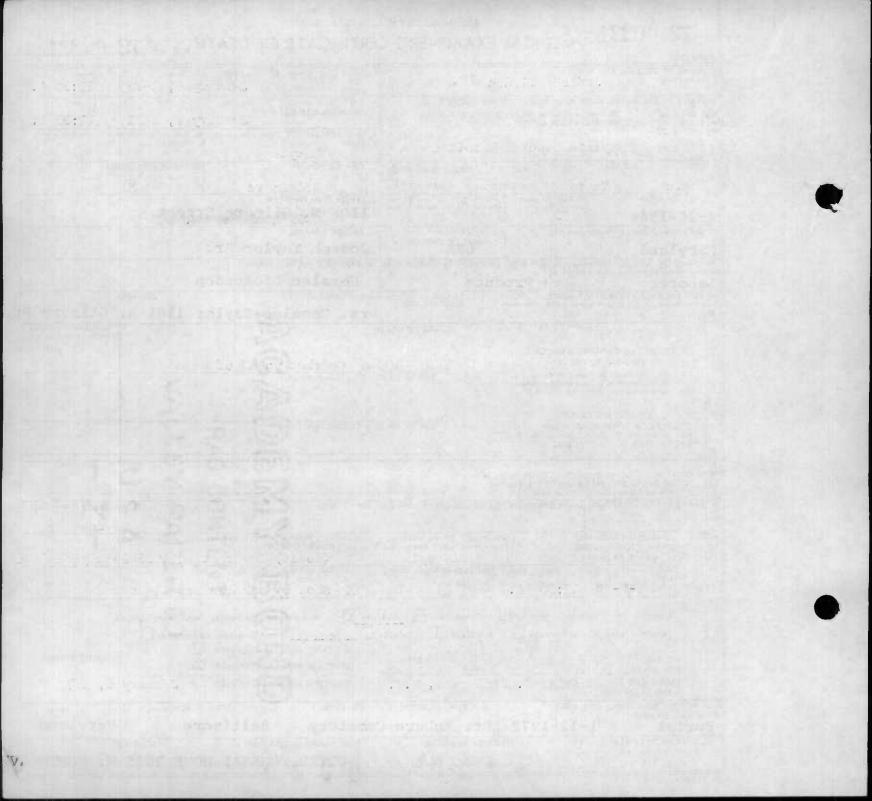
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BII	RTH NO.		MEL	/ICA	L E	KAMINER'S	CEKTIFI	CATE OF	DEATH	REG. NO	72	1133	
ī.	NAME OF DEC		OSEPH	TAYI	LOR	JR.	2. DATE OF DEATH	Known 🖾	Month January	Doy 9, 1	972	Hnur 12:35	A
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE P	RONC	DUNCED DEAD	3. DATE		Month	Doy	Yeor		
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INS	STITUTIO	ON, GIVE STREET		UNCED DEAD	January			12:35	A.M.
	+8	Mary1a	and Ge	neral	L Ho	spital	A. STATE	Maryland	В.	COUNTY	n: residenc	l lo L	sion)
6.	SEX	7. RACE				NEVER MARRIED	C. CITY OR			INSIDE	ITY LIMITS	?	
0.1	Male	Neg		WIDO	-			Baltimor	e	١	ES X	NO 🗆	
	-26-194		lost birthdo	yeors y)	Mont	der 1 Yr. If Under 24 Hrs. hs; Doys Hours Min.		N. Giln	nore St	reet			
	BIRTHPLACE (S		n country)		12. C	ITIZEN OF	13. FATHER	S NAME		79			
	aryland				N	VHAT COUNTRY?	Jose	ph Taylo	or Sr.				
144	HISTIAL OCCU	DATIONICS	kind of work	14B. KINI		BUSINESS OR INDUSTR							
	aborer	vorking life, eve	en if retired)	Pro	odu	ce	Ros	alee Dic	ckerson				
	WAS DECEAS	ED EVER IN	J.S. ARMED			17. SOCIAL	18. INFORM	MANT		-	DDRESS		
N		(it yes, give w	or or doles	of service	e)	SECURITY NO.	Mrs.	Rosalee	Taylor	110	5 N.	Gilmor	e St
	19.	1.47	V			CAUSE OF DEA			2			APPROXIMATE IN	TERVAL
	DICTAC	T OR COND	Tio M Dine								6ET	TWEEN ONSET AN	ND DEATH
		E OR CONDI		CILY			Con						
		ot meon the , osthenio, etc.		ing, e.g.,		(A) IMMEDIATE (AS A CONSEQ	nshot wou	nd or ne	ad			
	heort foilure	, osthenio, etc. nplication whic	It means the	diseose,		DOE 10, OK	AS A CONSEQ	DENCE OF:					
CERTIFICATION	DISEASES (RISE TO THE UNDERLYIN		ONS, IF ANY ISE (A) STAT ON LAST.	ING THE		(B) DUE 10, OR	AS A CONSEC	QUENCE OF:					· · · · · · · · · · · · · · · · · · ·
FIC	DISEASE OR	IFICANT CON ATH BUT NOT CONDITION	RELATED TO GIVEN IN PA	THE TERM	INAL	***************************************						**********	
CERT	20A. DATE OF	OPERATION	20B. CON	NOITION	FORV	WHICH OPERATION W	AS PERFORM	ED			21. AUT	OPSY? (Yes o	r No)
	22A. EXTERI	NAL CAUSE V	144.5		loon o							Yes	
EDIC	UNDERLYING UTING CA	X OR CONT	RIB- TH.) (Hou	r) 22	LACE OF INJURY (e.g., form, foctory, street, office sidewalk E.INJURY OCCURRED	2	or where did youry occur? (found) i	n front	of 16	33 Per	nnsylvar	nia Av
	(APPROX.)	1-8-72	12:30) A.	m. W	ORK NOT	WHILE X	Shot by u	nknown a	ssail.	ant		
		ify that I he	ld an I	nquiry [Inspection Au	topsy X	and that an t	his basis, der	ith in my	cololeo		
		ed fram: No					le Ho				_		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		anoral cab		7) solicio		HIEF MEDICAL I	Undetermined				
	ACTUAL	(4)	1000	1	1	24		STANT MEDICAL				DATE SIGN	ED
	SIGNATU	ER'S C	harles	S.	Spr	ingate, M.D.	•	CIATE MEDICAL I			uary 9	, 1972	
24.6	NAME (T	ype)	B. DATE			NAME of CEMETERY	CDEMATO	DV lave	LOCATION				
RE/	woval (Specification)	y)	-12-1	.972		t. Auburn			LOCATION altimor			(Stote	
25 A	. DATE REC'D					OF REGISTRAR		UNERAL DIRECTO			DDRESS	-	
	מחש	12 197	12		-	Ber N.D.		TER, FUN				NOR'	rh Av
15	151-REV. 1/1/68			1 4	-		0	i 0					
		- 0 V	1000	78 6									-



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-215 72 00	000	HEALTH DEPARTMENT	REG. NO	72 00332
I. NAME OF DECEASED (Type or Print)	A no)))		HOUR OF DEATH	0.45
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If ins	The M. Hillution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN STITUTION	ISTITUTION, GIVE STREET	3073 E	RamAN	AVE 833 DE CITY LIMITS?
MT SingA MARIE	ing Home	E. STREET AND NUMBER	e, MX	YES NO
	WED DIVORCED	8. DATE OF BIRTH 9. 10	AGE (In years birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even If retired) FARM ER	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or loreign		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	3	
DAVID E. Mel		JARAH JH	1400	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or doles of serv	icel 16. SOCIAL SECURITY NO.	17. INFORMANT	Sinstil	ADDRESS 2// 2 (5%)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart foliure, asthenia, etc. It means the distingury or complicotion which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give is the abave cause (A) stating UNDERLYING CONDITION fast. OTHER SIGNIFICANT CONDITION SCONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	ose, ving lhe (C) DUE 10, OR AS (C) NG NG NAL OR WHICH OPERATION 218, PLACE OF INJURY (e.g., inhome, form, fociory, street, offetc.)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yos or No) 1 or obout 21 C. WHERE DID 1 or obout 11 C. WHERE DID 1 or obout 11 C. WHERE DID 1 or obout 11 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID 1 or obout 12 C. WHERE DID	(II In Boltimore	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ANDINGS CONSIDERED SES OF DEATH? City, give exect location;
OF INJURY (Month) (Doyl (Yeor) (Hour) (APPROX.)	While At Work Work Work Work	21F. HOW DID INJUI	RY OCCUR?	
22. I certify that (I) (this hospital) ottend that (I) (we) last sow the deceased olive	/ -	12/23/7/ 19		an death occurred on the date
and haur and from the causes stated abov	. /		intimy/ foors opini	un death occurred on the date
23A. SIGNATURE A Collins	ma)	nding Med. St	off O	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Typo) LS KALLINS		3D. ADDRESS GOOD PAR	IC HEA	Y Bretune
KEWO A WT (Substitution 1)	C. NAME of CEMETERY of CRE		CATION (City,	, town, or county) (Stole)
BURIAL REMOVER 19 / M)72 G	MATHAM FRIENDS	125C FUNERAL DIRECTOR	MAIRE COO.	NTY, N.C.
JAN 1 2 13/2 VARE STAND	m 1885 () ()	Of Chief Foller	Mele	WE FINDSLAL HAME

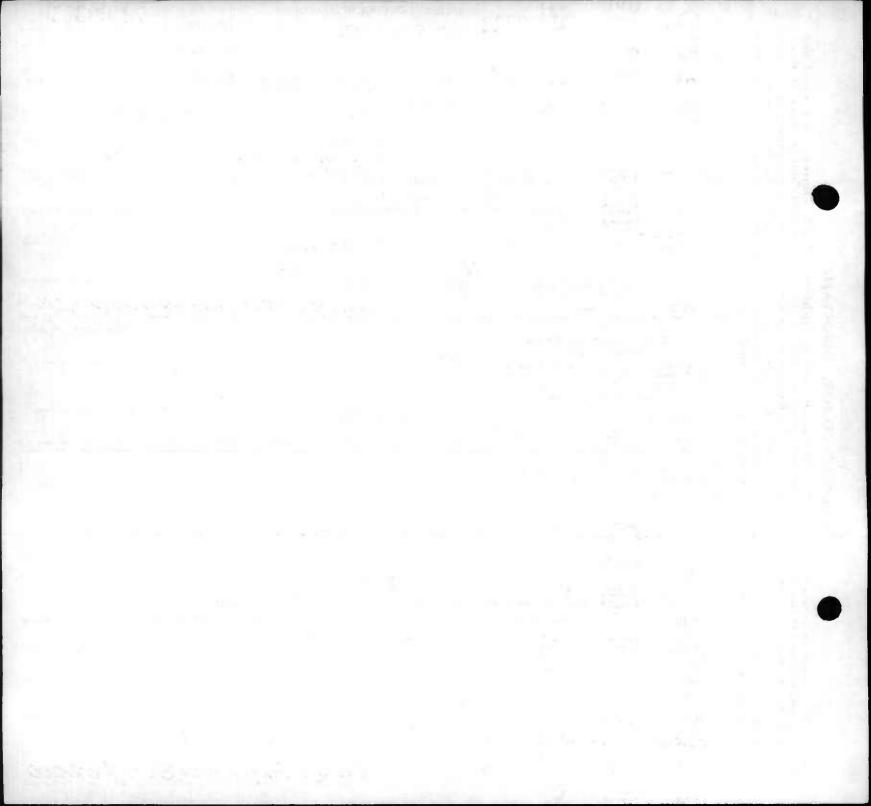
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MT3 Singh Myresing Hame Baltimore, MD

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B 1. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. 5. 10 1:0

α	BALTIMORE CITY	HEALTH DEPARTMENT	7	2.00333
-140 RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	C 375-000
NAME OF DECEASED Upe or Printl MARYHA	W. COFIELL		-72	169. M
PLACE IN BALTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dec	eased lived. If institution:	residence before admission)
JLL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY	
TUNION MEMORIA	AL HOSPITAL	E. STREET AND NUMBER	VES DAVE	No
SEX 6. RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AG		der 1 Yr. If Under 24 Hrs.
E W WID	OWED DIVORCED	8-10-86 lost b	83	
A USUAL OCCUPATION (Give kind of work 108, Kenne during most of working life, even if refired)	IND OF BUSINESS OR INDUSTRY	HARY LAN	unity) 12. Cl	TIZEN OF WHAT COUNTRY? AHERICAN
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
JOHN R. WILKE	E RON	SARK	MUMMY	
Was Deceased Ever in U. S. Armed Forces? es, no or unknown) lif yes, give war or dates of s	1 6- SOCIAL	CHARLES J. PARR	4104 HARR	NJ Ave. 21206
18. 44. 27. 9	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y		DOEST	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE CARDIAC A	KKES	
(This does not mean the mode of dyling heart failure, asthenia, etc. It means the d	DUE TO, OR AS	A CONSEQUENCE OF:		
Injury of complication which caused deam	J	200 100 100	20.00	
ANTECEDENT CAUSES	(B) (EREB	RC VASCULAR A CONSEQUENCE OF:	ACCIDENT	
DISEASES OR CONDITIONS, If any, rise to the above cause (A) stating		A CONSEQUENCE OF:		
UNDERLYING CONDITION foet	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
DISEASE OF CONDITION GIVEN IN PART 1 (A)		[20A. AUTOPSY? (Yes or Na) 208	L IF YES, WERE FINDING	SS CONSIDERED
WAS PERFORMI	ED WHICH OFERNION	IN	CERTIFYING CAUSES O	F DEATH?
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY le.g., home, farm, factory, street, a etc.)	in or obout 21 C. WHERE DID fice bidg. INJURY OCCURT	lif in Baltimore City, (give exact location)
21D-TIME IMonth) (Day) (Year) (Hot OF INJURY	1 21 E INJURY OCCURRED	21F. HOW DID INJURY	O C C U R?	
(APPROX)	While At Not Whi			
22. I certify that (1) (this hospital) atte	ended the deceased from	/- /- 19/	72 to 1-	11 19/2
that (1) (we) last sow the deceased oll	,	11 19 72 and that In	(my) (our) opinion de	eoth accurred on the dote
and hour and from the couses stated of	bove. (1) (We) (did) (did not)	view the bady ofter death.	17.00	
23A. SIGNATURE	f-V			ATE SIGNED
Juan M. Calos	DEGREE Phy	ending Med. Staff ys. Director Phys.	.[2]	-11-72
23C. PHYSICIAN'S NAME IType) TUAN M.	CALDERON	23D. ADDRESS UHH		
A. BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C, NAME OF CEMETERY OF CE	EMATORY 24D. LOCAT	HON ICity, town	, ar county) (State)
BURIAL INJANIZ	1011	25C. FUNERAL DIRECTOR	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ADDRESS
JAN 12 1972 Pale 6 &	NAME OF REGISTRAR	Con excuttinge	a Home, Ba	10. MO220C
S 150-REV. 1/1/68				



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

C-620 72 00331		HEALTH DEPARTMENT	72-00334
BIRTH NO.	CERTIFICA	TE OF DEATH A REG. NO.	
1. NAME OF DECEASED (Type or Print) CARES, MADE	LINE	M - 2. DATE AND HOUR OF DEAT	1 12-40em
3. PLACE IN BALTIMORE, MARTLAND, WHERE FRONOUN	CED DEAD	A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE HOSPITAL OR ADDRESS OR LOCATION)	ON, GIVE STREET	Maryland Balte.	SIDE CITY LIMITS?
- Baltimore City Hospita	Į.	Baltimore	YES X NO
3	5	E. STREET AND NUMBER	21224
5 Balhimone MD 21221	*	4940 Eastern Ave., Baltim	
6. RACE 7. MARRIED 7. MARRIED X	NEVER MARRIED DIVORCED	9-19-1916 9, AGE (in years lost birthday) 55	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF B done during most of working life, even # refired) Housewife	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Samuel M Jenkins		Agnes I Baxley	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or anknown) [if yes, give war or dotes of service]	& SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Records: BCH-4940 Eastern	Avenue 21224
18. 7 1/1	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		n .	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CANIMMEDIATE CAL	ISE Bronch Dheumon	a
(This does not mean the mode of dying, e.g., heart fallure, asthenia, etc., it means the disease,		A CONSEQUENCE OF:	
Injury of complication which caused death.)	^		
ANTECEDENT CAUSES	/e) Y	Inlable Scienoss	
DISEASES OR CONDITIONS, If any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) Y	waplessa	
	(0)		
	1.1	onhalithiacir.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	10	COMP CT MECONS	
19A-DATE OF OPERATION 19B CONDITION FOR WE WAS PERFORMED	IICH OPERATION	NO 20A AUTOPSY? (Yes of No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING 1 218. PI	ACE OF INJURY leaged form, factory, street, o	in or about 21C. WHERE DID (If in Bollin	more City, give exact location)
O 21 D. TIME (Month) (Doy) (Year) (Hour 21 & 11	NJURY OCCURRED	21% HOW DID INJURY OCCUR	
₹ (Approvi	At Work		
Work			Fa 10 - 10 - 2
22. 1 certify that (1) (this hospital) attended the	control of the contro		Jan 10-1977
that (I) (we) last saw the deceased alive on	Jan 10 =		opinion death occurred on the date
and hour and from the causes stated above. (1)	(We) (dtd) (dtd #6t) 1	riew the body after death.	
23A. SIGNATURE Somo	Atte	ending Med. Med Staff	23B. DATE SIGNED
1,00000011100	DEGREE Phy	s. Director Phys.	Jan 10, 12
23C.PHYSICIAN'S NAME (Type) Prakash G. Sane		Balkmore City Kospit	Waltimore, Md. 21224
24A. BURIAL CREMATION, 24B. DATE 24C.NAN	DEGREE ME of CEMETERY OF CR	EMATORY 24D, LOCATION	(City, town, or county) (Stote)
Burial 1/13/72	arkwood	Poltimana	Manuland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		Baltimore Baltimore	e, Maryland ADDRESS
JAN 1 2 1972 Pale & Jake 7	60 n	The section and Time 1 m	Poltimers M
VS 150-REV. 1/1/68	Total a full	Ulreougla Huck Ins.	Baltimore, M

8308 Welson ave last ddm 11/23/71

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LEGILLE J. MARK S. C. BEITLEONE, ES

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BIF	B-620 72 00335 BALTIMORE CIT CERTIFICA	ATE OF DEATH REG. NO. 72 00335
	NAME OF DECEASED (pe or Print) BARBARA IEE BROOKS	January 8, 1972 7:00 P. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution residence before admission) A, STATE B, COUNTY
FU HC	JLL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	UNION MEMORIAL HOSPITAL	Baltimore YES NO
5	SEX 6. RACE 7. MARRIED 1 NEWS MARRIED	5302 Greenhill Ave.
f	emale caucasian WIDOWED DIVORCED	June 18. 1943 ost birthdoyl 28 Months Doys Hours Min.
dan	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR ne during most of working life, even if refired) None	11. BIRTHPLACE (Stole or foreign country) Maryland USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William T. Brooks	Barbara J. Chetelat
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, na or unknown) (If yes, give war or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	No None CAUSE OF DEA	Mr. William T. Brooks Same
ICATION	DISEASES OR CONDITIONS, if any, giving rise to the above cause (Al stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION LAST TERMINAL DISEASE OR CONDITIONS TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING	S A CONSEQUENCE OF: Claubith Palsy S A CONSEQUENCE OF: [20A. AUTOPSY? (Yes of No)] 208. IF YES, WERE FINDINGS CONSIDERED
RTIE	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
CA	DEATH (notify medical examiner) home, form, factory, street, etc.)	in or about 21 C. WHERE DID (II In Baltimore City, give exact location) office bldg., INJURY OCCUR?
MEDI	21D-TIME IMonth) IDoy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not Will Work At Your	
	23C. PHYSICIAN'S	19 7 2 and that In (my) (our) apinion death accurred an the date view the bady offer death. 23B. DATE SIGNED 23D. ADDRESS
244	Dr. G. H. Ba umgardner	8552 Philadelphia Road
	Burial CREMATION, 248. DATE 24C. NAME of CEMETERY of CR. Burial 1/12/72 Most Holy Redeem	
	JAN 1 2 1972 Tabel E. Jailes, M.D.	25c. FUNERAL DIRECTOR ADDRESS Libonard D. Ruck, Inc Balto, Md.
5	150-REV. 1/1/68	

Great at Easth filesy 12 14 EL. Agen, RHEET

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	1	land a	10000	BALTIMORE CITY	HEALTH DEPARTMENT		
5	-320 H NO.	121	10336	CERTIFICA	TE OF DEATH	REG. NO	
1. N	ME OF DECEA	427	0 /		2. DATE	AND HOUR OF DEATH	
	or Print)	7.	PAHK	OUTZ		1/8/12	7:30 Am.
3. P	LACE IN BALTIA	MORE MARYLAND,	WHERE PRONOUN	CEO DEAO	A. STATE B. CC	Whete deceased lived, If ins	titution: residence before admission)
FUL	L NAME OF	(IF NOT IN HOSP	TAL OR INSTITUT	ION, GIVE STREET	MAZYLAN)	2102
INS	NOTUTION	ADDRESS OF LO	SAHONI		C, CITY OR TOWN	IMOST D. INSIE	YES NO
V_	-1/11/11	in ust	MODIA	2 HosfiTh	E. STREET AND NUMBE		TEST NO
1	ONIO	110 110	MININ	pros 11111	4316 M	ALTHER 1	BLVD.
5. \$1	X 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ale	White	WIDOWED	DIVORCED [12/1/88	83	
		ATION (Give kind of working life, even Freliged		USINESS OR INDUSTRY	11. BIRTHPLACE (State or	a st.	12. CITIZEN OF WHAT COUNTRY?
	1	GTI RGI	Ins.	Agent	MARYL		1/5/1.
13. F	ATHER'S NAME		1/01-		14. MOTHER'S MAIDEN	NAME ANNA Ves	ser
		OSCAH				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Yes,	no or unknown) (i	ver in U.S. Armed F if yes, give wer or do	olos of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	No				1A Mrs Carr	ie M Koutz	Same
	18. 3	7.314-2	1887	CAUSE OF DEAT	н		BETWEEN ONSET AND DEATH
		OR CONDITION DEATH		A.A.M.A.M.CO.LA.W. C.A.L	or PEXPIC	ATOLY INSPI	FFICIENTS
		TO A PROVI	dille eg.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
-	injury or comp	EADING TO DEATH TO THE TOTAL THE TOT	d death.)	0 11	r ar saa	-011	
	CHIEF DH 4	CIECEDENT CAUS	ES M. D.	(B) CAHL	DNIC OBS	TRUCTIVE	LUNG
				DUE TO, OR AS	A CONSEQUENCE OF:	l)	150156
		above cause (A	a stating the	(c)			
				1	111 1 1.	11- 1:0	
5 N		ANT CONDITIONS C		FRACT	WHE RIG	49. 11P	
<	DISEASE OR COL	NOTION GIVEN IN PA	ART 1 (A).	HICH OPERATION	20A. AUTOPSY? Nes a	No. 208, IP YES, WERE F	INDINGS CONSIDERED
RTIF	0	WAS P	ERFORMED				JSES OF DEATH?
1 1	21 A. A CCIDENT	WAS UNDERLYING	home	form, factory, street, a	n or about 21 C. WHERE DI) (If In Boltimore	City, give exoci location)
5	DEATH (notify m	nedical examined	elcJ	Hone		Walthe	Block of 102
	OF INJURY	Month! (Doy) (Yea		NJURY OCCURRED			
2	(APPROX)	12-18-7	/ While	At Work	- Fell		
	22. I certify th	hat (1) (this hospit	al) attended the	deceased from	12/20/71	19ta	18/72 19
	that (1) (we) I	ast saw the decea	sed alive an	1/8/72	19and	that In (my) (our) aplr	alan death accurred an the date
	and hour and	fram the causes s	tated abave. (1)	(We) (dld) (dld nat)	lew the body after dea	th.	
	23A. 5IGN ATURI	Da	1,1M.	tow un	adian em Mad em		238, OATE SIGNED
		jue	VIJUO	DEGREE Phy		Stoff Phys.	1/8/72
	23C. PHYSICIAN NAME (Typ	rs of	a 211	To 40	23D. AODRESS	IN VAID	1 in Clastitle
244	BURIAL CREM	ATION. 1248, DATE	KL 100	ME of CEMETERY OF CR	UNIUN	O LOCATION (Cit	y, lown, or county) (Stote)
	REMOVAL (Sp	ecify)	, 24C.NA	ALE AL CENTRICKE OF CK	24		
	Burial	1/12 LY HEALTH GEPT.	/72 Pa	rkwood	25C, FUNERAL DIREC	Baltimore,	Maryland
234	JAN 12	1972 (2.0.1	2 22.75	3-0 00			Baltimore, Md
11	TN	IN LESSEN	1 1 1 1 1 1 2	4500	U		

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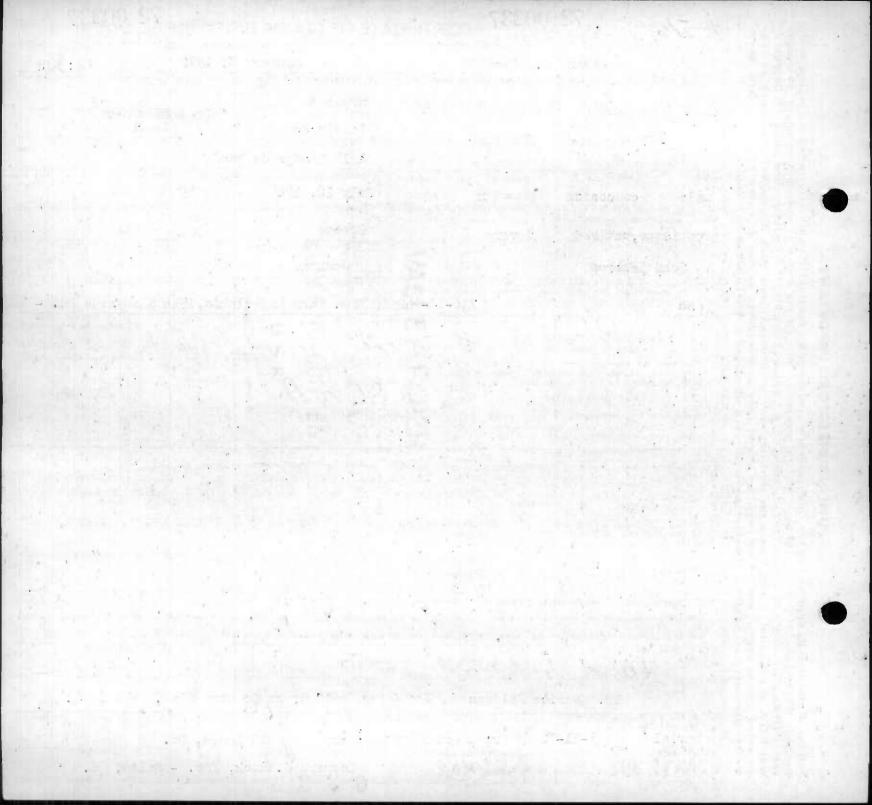
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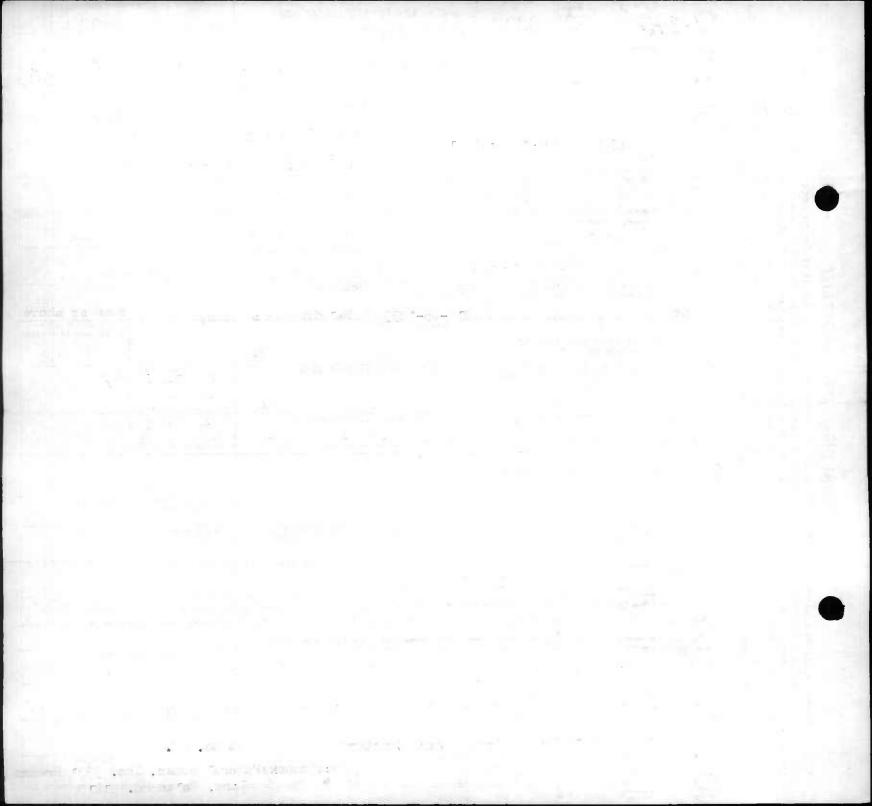
1 72	BALTIMORE CI	TY HEALTH DEPARTMENT	70 111227
15/6 BIRTH NO 6	CERTIFICA	ATE OF DEATH REG. NO	
NAME OF DECEASED		2. DATE AND HOUR OF DEAT	H
Type or Print) JAMES	J. LAMBROS	January 8, 1972	12:30P
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admissio
TULL NAME OF (IF NOT IN HOS	PITAL OR INSTITUTION, GIVE STREET	Maryland	700
OSPITAL OR ADDRESS OR LO	CATION)		ISIDE CITY LIMITS?
UNION MEMORI.	AT HOSPITAL	Baltimore	YES 🔀 NO 🗌
T T ONION PHENOIGE	an iion lian	E. STREET AND NUMBER 1514 Shadyside Road	
			T 16 11 1 2 2 2 16 11 1 2 2 4 11
SEX 6. RACE	7. MARRIED NEVER MARRIED	July 20, 1886 9. AGE (In years lost birthdoy) 85	Months Doys Hours Min.
male caucasian	WIDOWED DIVORCED	RY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNT
one during most of working life, even if retire		III. BIKINFLACE (Store of foreign country)	
proprietor, retired	tavern	Greece	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Lambros		Joanna	
5. Was Deceased Ever in U. S. Armed	Forces?	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or d	SECURITY NO. 216-10-9425	A Mrs. Mary Maggelakis, 151) Shadyside Rd
1B. 4 10,91	CAUSE OF DEA	000 //	APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, rise to the above cause (UNDERLYING CONDITION tost.	(B) DUE TO, OR A A) stoling the	SCVD AS A CONSEQUENCE OF:	15 gn
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN	O THE TERMINAL		
19A. DATE OF OPERATION 19B. C	ONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nolify medical examiner)	21B. PLACE OF INJURY (e.ghome, form, foclory, street, etc.)	., in or obout 21 C. WHERE DID (If In Boltim office bldg., fNJURY OCCUR?	ore City, give exoct lacotion)
21 D. TIME (Month) (Doy) (Ye	or) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not W	hile	
22 I maify show (1) (ship hoppi	tal) attended the deceased from	1117-0	1/8 197
that (I) (we) last saw the dece		20 20 1	
	/		plnian death accurred an the d
and haur and fram the causes s	stated abave. (1) (We) (did) (did nat)	view the bady after death.	23B, DATE/SIGNED
10000		thending Med. Staff	1/10/77
23C. PHYSICFAN'S	DEGREE P	hys. Director Phys. 23D. ADDRESS	11/1/
NAME (Type)	ice Feldman	6610 Cross Country Bly	rd. Balto Md
	DEGR	EE	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)			(City, town, or county) (State)
burial 1-11-			
SA. DATE REC'D BY HEALTH DEPT.	25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
THUIS BIE ARCE	4. Naviden R.A.	Leonard J. Ruck, Inc.	- Balto, Md.



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased approved by the chief medical examiner or his assistant if death FUNERAL DIRECTOR: IMPORTANT certificate must be

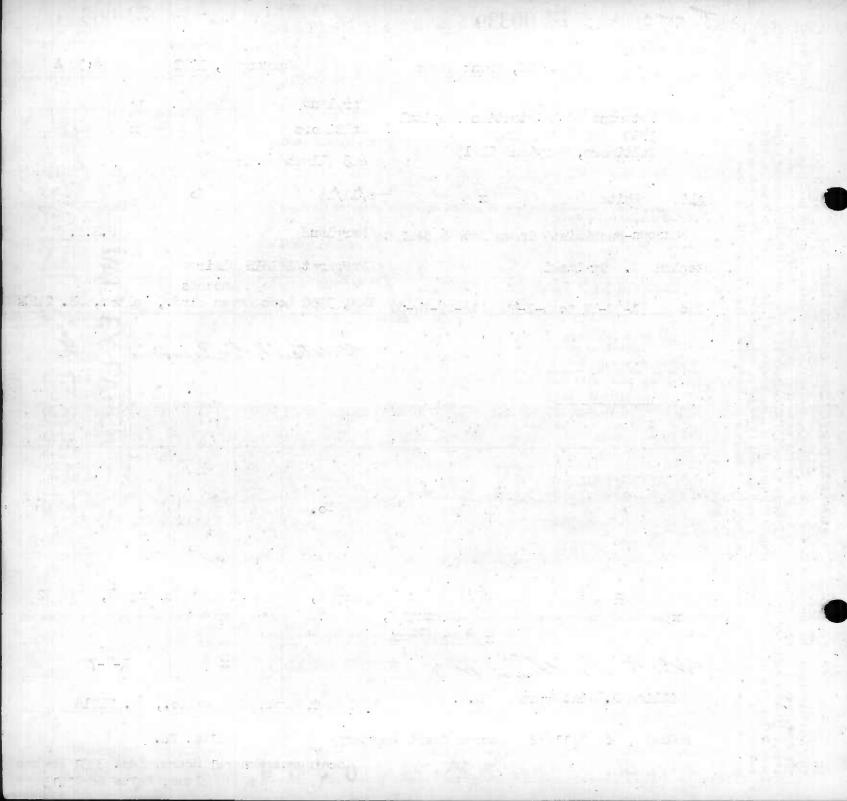
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Same as Same	T COUNTRY
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WAS PERFORMED WAS PERFORMED WAS UNDERLYING	
WAS PERFORMED WAS PERFORMED WAS UNDERLYING	
OR CONTRIBUTING CAUSE OF home, form, factory, street, allice bldg. INJURY OCCUR? DEATH (notify medical examined) 10 FINJURY OCCUR? OF INJURY OCCUR? While At Not While At Work 22. I certify that (I) (this hospital) attended the deceased from January 7 19	D
DEATH (notify medical examined) 21D. TIME (Month) (Dayl (Yeard (Haur) 21E INJURY OCCURRED While At Work At Work 19 19 19 19 19 19 19 19 19 19 19 19 19	-1
22. 1 certify that (1) (this hospital) attended the deceased from January 3 19 72 to January 7 19	uì
22. I certify that (i) (this hospital) attended the deceased from January 3 19 52 to January 7 19	
22. I certify that (1) (this hospital) attended the deceased from January 3 19 72 to January 7 1	
	19.72
	on the dat
and hour and from the causes stated above. (1) (46) (did not) view the body after death.	
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff 7	7 10-
pegers Phys. Director Phys.	1972
23C. PHYSICIANS NAME Typel 23D. ADDRESS	
KONALDO S. CARNETRO DE 33 Rd & COLURT SAL- POTO -	- Hd
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (24D. LOCATION (City, town, or county)	(State)

2 Loudon Park Cemetery
| 258. NAME OF REGISTRAR | 25C. F 1/10/72 Balto. Md. 25A. DATE REC'D BY HEALTH DEPT. 25c. Funeral Director Address Schimunek Funeral Homes, Inc. 3331 Brehms 2 a Lane, Balto Md. 21213 VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

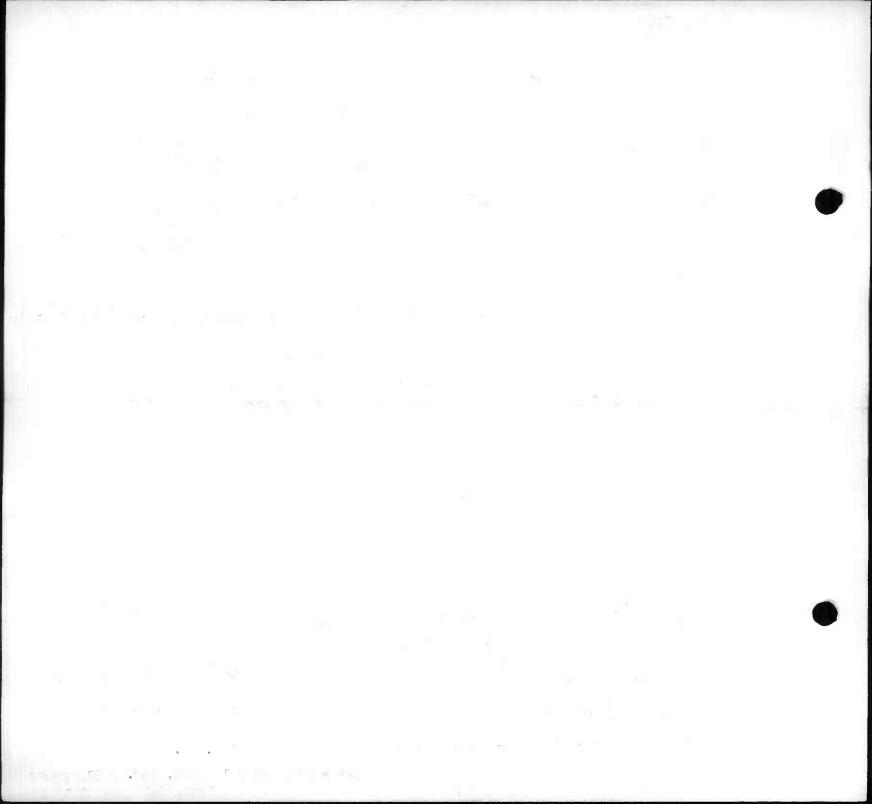
	BALTIMORE CITY	HEALTH DEPARTMENT		20 00220
7-552 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	, ve uussa
1. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
(Type or Print) TYMTNSKI.	Frank Steve	Janua	ry 8. 1972	8:30 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Whe		nstitution: residence before odmission)
				102
HOSPITAL OR WADDRESS OR LOCATION) INSTITUTION Veterans Administra	ISTITUTION, GIVE STREET	Maryland c, City or town	In IN	SIDE CITY LIMITS?
		Baltimore	0. 114	YES X NO
3900 Loch Raven Bl		E. STREET AND NUMBER		11.5 [2]
Baltimore, Maryland	21218	603 Ellwood Ar		
S. SEX 6. RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Male White WIDO	WED DIVORCED	6/11/15	56	
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Manueland		U.S.A.
Unknown Machinist Crown	m Cork & Seal C	14. MOTHER'S MAIDEN NA	MF	O erd e.r. e
Stephen J. Tyminski		Margaret KKIK		
15, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Records	ADDRESS
Yes 1-30-12 to 1-1-1		VAH, 3900 Loch		., Balto., Md. 2121
18. // 🗸 / 🐰	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	AND MANAEDIATE CAL	ISE Bilateral L	ologo Paran	- in luke
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	V 00 (177 CM)	0.001.00
injury or camplication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stating UNDERLYING CONDITION last.	ring	A CONSEQUENCE OF:		
THE CONTINUE TO SE	(C/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20R IF YES WERE	FINDINGS CONSIDERED
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21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		(If in Boltimo	ore City, give exoct locotion)
D 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY	While At Not While	е		
	Work At Work		70 1	70
22. I certify that 📆 (this hospital) attend				anuary 8, 19 (2
that (M (we) last saw the deceased alive	on January 8,	19 72 and th	ot in(成分) (our) op	inlan death occurred on the date
and hour and fram the causes stated above	e. (4) (We) (did) (Williams)	riew the bady after death.		
23A. SIGNATURE	<u> </u>			23B, DATE SIGNED
9/2 8 / 1/	Alte	ending Med. Director	Staff Phys.	1-8-72
23C. PHYSICIAN'S	OF OREE	s. Director La	rnys. —	
William R. Linthecum	M D		D3 1 D-31	Ma 07070
	GEGREE	3900 Loch Raven		
24A. BURIAL CREMATION. 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY or CR	EMATORT 24D. L	OCATION (City, town, or county) (Stote)
BURIAL 1/11/72	Sacred Heart Ce	netery	Balto. 1	Md.
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
JAN 1 2 1972 JOHN E. VO	eller, M.D. ()	Schimunek	uneral Home	es, Inc. 3331 Brehms
Vs 150_PEV 1/1/68			Lane	, Balto Md 21213



IMPORTANT FUNERAL DIRECTOR:

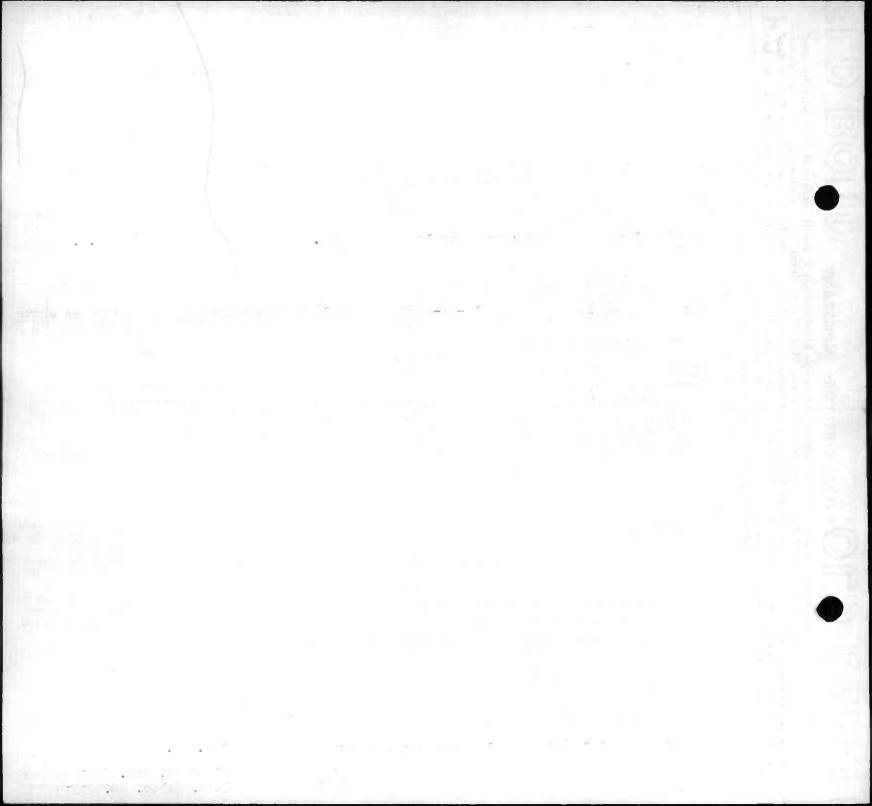
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

E-F2/ 70 002	BALTIMORE CITY	HEALTH DEPARTMENT		79 00340
E-536 72 003	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print)	R = 5	1	9 123	1 8.50 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If ins	titution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OF	INSTITUTION, GIVE STREET	Md.	•	2652
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
South BALTIMORE GE	VIRAL HOSP.	Baltimore		YES NO
1 3		E. STREET AND NUMBER	/	
5. SEX 6. RACE 7. 44			ir Lane	
- 1 m	ARRIED NEVER MARRIED DIVORCED		AGE (In years ast birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, K			7.9	12. CITIZEN OF WHAT COUNTRY?
done during most of working tife, even if retired)		Maryland		
Housewife 13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		U.S.A.
6.14		MAN MAINER 2 MAINEN NAM		
15. Was Deceased Ever In 11 S Armed Econor?	1 6. SOCIAL	17. INFORMANT		ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dotes of s				Address
no	212-05-6264	Joanne up	perhauser (d	
18. 4	CAUSE OF DEAT	Н		SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH		ise Anoxia		
(This does not meon the made of dying heart failure, asthenia, etc. It means the d	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:		
Injury or camplication which caused death) Acute	pulmonary ede	ma	
ANTECEDENT CAUSES	M'ASC	D. and CV.	A .	
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		***********
rise to the above cause (A) stating UNDERLYING CONDITION last,	g lhe ·			
li li				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	ITING			
DISEASE OR CONDITION GIVEN IN PART 1 (A)	***************************************			***************************************
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If to Boltlmore	City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	hame, farm, factory, street, at	fice bldg., INJURY OCCUR?	h. m adminiora	any give exect tocollon
O 21D. TIME (Month) (Dov) (Year) (Hou	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not While	• 🗖		
22. I certify that (N) (this hospital) atte	Work At Work		171	/= 9 73
that (N) (we) last saw the deceased ally			7/ta	<u> </u>
and hour and from the causes stated ab	,		in (mg) (dur) apini	an death occurred on the date
23A. SIGNATURE	paer (4) (ue) (qiq) (qiq qqi) A	iew the body offer death.		23B, DATE SIGNED
Chin Sump (Pl. acr	nding Med. Si	haff	Jan. 9, 72
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys	Director Pl	hys. 02	Jan . 1 , 12
Chiu Sung Ch	ian	South Baltim	ore Grenero	11 Hospital
24A. BURIAL CREMATION, 24B. DATE	DEGREE 24C. NAME OF CEMETERY OF CRE			town, or county) (Stote)
BURIAL 1/12/72			action to the same	(20010)
	Holy Redeemer Cer	25C-FUNERAL DIRECTOR	Balto. Md.	ADDRESS
JAN 1 2 1972 Pe. 42.	Ende Jen	Schimunek Fun	eral Homes,	Inc. 3331 Brehms
VS 150-REV. 1/1/68			Lane,	Balto Ma 21213



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

II.	7-63	-		BALTIMORE CITY	HEALTH DEPARTMENT		10 00000
	RTH NO.	72 00	341	CERTIFICA	TE OF DEATH	REG. NO.	c 00341
	Pe or Print	EASED			2. DATE AL	ND HOUR OF DEATH	
		FRANK	30	RTT	June /	DRY 8 70	21 1:10 P.M.
		TIMORE MARYLAND, WHI			A. SIAIE & COUR	ere decepsed lived. If institu NTY	tion: residence before admission)
H	ILL NAME OF OSPITAL OR STITUTION	ADDRESS OR LOCATI	OR INSTITUTION	UTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
1	++				E. STREET AND NUMBER	YE	NO 🗌
1	MOING	MEMORIDA	HOSP	ITAL	5	SOMAN ANE	NUE
5.	SEX	6. RACE 7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If lost birthdoy)	Under 1 Yr. if Under 24 Hrs.
	M		WIDOWED [06-23-12	69	Omins Doys Moors 1441112
don	USUAL OCC	UPATION (Give kind of work 10 working life, even if retired)	B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or fore		2. CITIZEN OF WHAT COUNTRY?
	Traffic		roctor	& Gamble	Md.		II e
	FATHER'S NA	ME I	10001	a damble	14 MOTHER'S MAIDEN NA	ME	U.S.
	1	1000			0		1
15.	Was Deceased	Ever in U. S. Armed Forces	< 1 1	1 6. SOCIAL	17. INFORMANT	UF DOR	ADDRESS
(Ye	s, no or unknown	Of yes, give war or dotes o	of servicel	SECURITY NO.			ADDRESS.
	yes	WW II		213-05-6628	Madeline Orti	t (wife)	same as above
	DISEAS	SE OR CONDITION DIRECT	CTLY	CAUSE OF DEAT	н		SETWEEN ONSET AND DEATH
	(This does n	of mean the mode of dy	ving. e.g.	(A) IMMEDIATE CAL	ISE CHR HIGGERD	SIUM RUPTUR	
	heart failure,	asthenia, etc. II means th	e disease,	DUE 10, OR AS	A CONSEQUENCE OF:		
		aplication which caused de	edm.)				
		ANTECEDENT CAUSES		(B) PATTER	JOR MY OCARS	DIAC THIFRE	Tion
	DISEASES C	OR CONDITIONS, if any above cause (A) st	y, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
		CONDITION lost	tuing ine	(c) BRTT	FRIOTES WERDS	525	
		11					
ATION	OTHER SIGNIF	CANT CONDITIONS CONTI	RIBUTING				
AT	DISEASE OR C	H BUT NOT RELATED TO THE ONDITION GIVEN IN PART 1	(A).	100000000000000000000000000000000000000		• • • • • • • • • • • • • • • • • • •	
RTIFIC	19A. DATE OF	OPERATION 198 CONDIT WAS PERFOR	TION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSES	INGS CONSIDERED
A CERTIFIC	21A. ACCIDES OR CONTRIBL	WAS PERFOR	RMED 218.	PLACE OF INJURY (e.g., i	n or obout 21C, WHERE DID	IN CERTIFYING CAUSES	NGS CONSIDERED S OF DEATH?
CAL	21A. ACCIDER OR CONTRIBL DEATH (notify	WAS PERFORM TO WAS UNDERLYING TRING CAUSE OF medicol exominer	RMED 216. hometcJ	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21C, WHERE DID INJURY OCCUR?	(II In Boltimore Ci	OF DEATH?
EDICAL	21A. ACCIDES OR CONTRIBL	WAS PERFORM TO WAS UNDERLYING TRING CAUSE OF medicol exominer	RMED 21B. hometc. (Hour) 21E.	PLACE OF INJURY (e.g., i e, form, foctory, street, of INJURY OCCURRED	n or obout 21C, WHERE DID INJURY OCCUR?	(II In Boltimore Ci	OF DEATH?
DICAL	21A. ACCIDES OR CONTRIBL DEATH (notify	WAS PERFORM TO WAS UNDERLYING TRING CAUSE OF medicol exominer	RMED 21B. hometc. (Hour) 21E.	PLACE OF INJURY (e.g., i e, form, foctory, street, of INJURY OCCURRED INJURY OCCURRED Not While	n or obout 21C, WHERE DID INJURY OCCUR?	(II In Boltimore Ci	OF DEATH?
MEDICAL	21A. ACCIDES OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	WAS PERFORM IT WAS UNDERLYING ITING CAUSE OF medicol exominet (Month) (Doy) (Yeor) (218, hometral (Hour) 21E. Whit	PLACE OF INJURY (e.g., i e, form, foctory, street, of INJURY OCCURRED INJURY OCCURRED Not While At At Work	n or obout 21C, WHERE DID INJURY OCCUR?	(II to Boltimore Ci	OF DEATH?
MEDICAL	21A. ACCIDED OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	WAS PERFORM IT WAS UNDERLYING DATE OF Medicol exominer (Month) (Doy) (Yeor) (Interpretate of the control of th	218. hometc.) (Hour) 216. White ottended the	PLACE OF INJURY (e.g., in the control of the contro	n or obout 21C, WHERE DID INJURY OCCUR?	(II to Boltimore Cit	y, give exect locotion)
MEDICAL	21A. ACCIDEN OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we)	WAS PERFORM IT WAS UNDERLYING ITING CAUSE OF medicol exominer) (Month) (Doy) (Year) (that (1) (this hospital) a last saw the deceased	218, hometal 216, Whit Work 110	PLACE OF INJURY (e.g., i e, form, foctory, street, of INJURY OCCURRED Le At Not While At Work Le deceased from	216. HOW DID INJ	(II to Boltimore Cit	y, give exect location)
MEDICAL	21A. ACCIDENT OF CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and hour and	that (1) (this hospital) at from the causes stated	218, hometal 216, Whit Work 110	PLACE OF INJURY (e.g., i e, form, foctory, street, of INJURY OCCURRED Le At Not While At Work Le deceased from	n or obout 21C, WHERE DID INJURY OCCUR?	(II to Boltimore City Occur? 19 1 ta patrior to printer to the patrior to printer to the patrior y, give exect location) 19 72 1 death accurred on the date	
MEDICAL	21A. ACCIDEN OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we)	that (1) (this hospital) at from the causes stated	218, hometal 216, Whit Work 110	PLACE OF INJURY (e.g., ie, form, foctory, street, of INJURY OCCURRED INJURY OCCURRED Not While At Work to deceased from	21f. HOW DID INJ 21f. HOW DID INJ 21f. HOW DID INJ 21f. HOW DID INJ 21f. HOW DID INJ 21f. HOW DID INJ	(II to Boltimore City OCCUR? 19 71 ta partial talent in (my) (aur) apiniar	y, give exect location) 19 72 I death accurred on the date DATE SIGNED
MEDICAL	21A. ACCIDED OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and hour and 23A. 51GNATU	WAS PERFORM IT WAS UNDERLYING DAMAGE OF medicol exominer (Month) (Doy) (Yeor) (Interpretate of the courses stated of the course stated of the	218, hometal 216, Whit Work 110	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of injury occurred injury occurred in the injury occurred injury occurr	216. HOW DID INJ 216. HOW DID INJ 217. HOW DID INJ 218. HOW DID INJ	(II to Boltimore City Occur? 19 1 ta patrior to printer to the patrior to printer to the patrior y, give exect location) 19 72 1 death accurred on the date	
MEDICAL	21A. ACCIDENT OF CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and hour and	WAS PERFORM IT WAS UNDERLYING ITING CAUSE OF medicol exominet) (Month) (Doy) (Yeor) (I that (I) (this hospital) a last saw the deceased of fram the causes stated RE	218, hometal 216, Whit Work 110	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of injury occurred injury occurred in the injury occurred injury occurr	216. HOW DID INJ 217. HOW DID INJ 218. HOW DID INJ 219 2 and the lew the body after death.	(II to Boltimore City OCCUR? 19 71 ta partial talent in (my) (aur) apiniar	y, give exect location) 19 72 I death accurred on the date DATE SIGNED
MEDICAL	21A. ACCIDED OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T	WAS PERFORM IT WAS UNDERLYING ITING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) (I that (1) (this hospital) a last saw the deceased of from the causes stated (RE (NS) (NS) (NS) (NS) (NS) (NS) (NS) (NS	(Hour) 21E. Whit World alive an	PLACE OF INJURY (e.g., ie, form, foctory, street, of INJURY OCCURRED INJURY OCCURRED INTURY OCCURRED Not While At Work At Work DEGREE Physics NTERN DEGREE	216. HOW DID INJ 217. HOW DID INJ 218. HOW DID INJ 219 2 and the lew the body after death. 230. ADDRESS	IN CERTIFING CAUSE: (II In Boltimore City URY OCCUR? 19 71 to pat In (my) (aur) apinian Shoff Phys. 238	y, give exect location) 19 72 I death accurred on the date DATE SIGNED
WEDICAL	21A. ACCIDED OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (TARMOVAL (I) BURIAL CREMOVAL (I)	that (1) (this hospital) a last saw the deceased of fram the causes stated (RE WAS UNDERLYING (Month) (Doy) (Yeor) (I) that (1) (this hospital) a last saw the deceased of fram the causes stated (RE WAS PERFORMATION, (248, DATE (1)) 7/12/72	Houd 21E. Whit Work of tended the alive an	PLACE OF INJURY (e.g., ie, form, foctory, street of injury occurred injury occurred in the deceased from the deceased fr	n or obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21f. HOW DID INJ 17 12 and th lew the body after death. Inding Med. Director D 23D. ADDRESS 33 (d. 24D. L)	IN CERTIFIENG CAUSES (II In Boltimore Cit URY OCCUR? 19 71 to	y, give exect location) 19 72 1 death accurred on the date 1 Al 7 2
WEDICAL	21A. ACCIDED OR CONTRIBLE DEATH (noisy) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T. A. BURIAL CRE REMOVAL (1)	that (1) (this hospital) a last saw the deceased of fram the causes stated (RE WAS UNDERLYING (Month) (Doy) (Yeor) (I) that (1) (this hospital) a last saw the deceased of fram the causes stated (RE WAS PERFORMATION, (248, DATE (1)) 7/12/72	(Hour) 21E. Whit Work of the delayer	PLACE OF INJURY (e.g., ie, form, foctory, street, of INJURY OCCURRED INJURY OCCURRED Not Whith At Work de deceased from	216. HOW DID INJ 217. HOW DID INJ 218. HOW DID INJ 219 2 and th 19 2 and th 19 2 and th 19 2 and th 220. ADDRESS 33 (d . 240. Li 235. FUNERAL DIRECTOR	IN CERTIFING CAUSES (II In Boltimore City) IURY OCCUR? 19 1 ta part In (my) (aur) apinian Shoff Phys. 231 OCATION (City, keeps) Balto. Md.	y, give exect location) 1
WEDICAL	21A. ACCIDED OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (TARMOVAL (I) BURIAL CREMOVAL (I)	that (1) (this hospital) a last saw the deceased of fram the causes stated (RE WAS UNDERLYING (Month) (Doy) (Yeor) (I) that (1) (this hospital) a last saw the deceased of fram the causes stated (RE WAS PERFORMATION, (248, DATE (1)) 7/12/72	(Hour) 21E. Whit Work of the delayer	PLACE OF INJURY (e.g., ie, form, foctory, street of INJURY OCCURRED Not White All Work deceased from	216. HOW DID INJ 217. HOW DID INJ 218. HOW DID INJ 219 2 and th 19 2 and th 19 2 and th 19 2 and th 220. ADDRESS 33 (d . 240. Li 235. FUNERAL DIRECTOR	Shoff Phys. 231 Cocation (City, to Balto. Md.	y, give exect location) 19 72 death accurred on the date 18/72 Own, or county) (State)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	2-100	72	0034	BALTIMORE CITY	HEALTH DEPARTMENT		72 00342
BIRTH NO.							
	PAME OF DECEASED 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH						
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where deceosed lived. Il in	1 3, 10A M
FL	ULL NAME OF	OF NOT IN I	HOSPITAL OR II	NSTITUTION, GIVE STREET	MO.		903
H	OSPITAL OR	ADDRESS OF	LOCATION	•	C. CITY OR TOWN		DE CITY LIMITS?
	48 MARY LAND GENERAL HOSPETAL				BALTIM	ORE	YES NO
					623 S. 3	. 0	
5.	SEX	6. RACE	7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
	F	W		WED DIVORCED	4-23-188	lost birthdoyl	Months Doys Hours Min.
10/	A. USUAL OCC	UPATION (Give kind	ol work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	loreign country)	12. CITIZEN OF WHAT COUNTRY
		working lile, even it re	10	X P TELEPHONE	MARYLI	AND	U.S.A.
	CHIEF OPERATOR CX PUELEPHONE 13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
						/ _	
					ELIZABETH FLAHERTY 17. INFORMANT ADDRESS		
(Ye	s, no or unknown	(If yes, give wor	or doles of serv	ice) 1 6. SOCIAL SECURITY NO.) .		
	No				MISS MAI	ey J. Cu	FF (SAME
	18. 43	7.91		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECTLY						BETWEEN ONSET AND DEATH
li	LEADING TO DEATH (A) IMMEDIATE CAUSE CSOS BRO - VASC INSUFFICISMON						
	heort lailure, asthenia, etc. It means the disease.						
	injury or camplication which caused death.)						
	ANTECEDENT CAUSES (B) A Derischente vasc disere						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
	inse Ia the obave cause (A) sloting the UNDERLYING CONDITION lost.						
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
AT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).						
					20A. AUTOPSY? (Yes o	No. 208, IF YES, WERE F	INDINGS CONSIDERED
ERT					NO.		THE OF DEATH!
1	OR CONTRIBL	TI WAS UNDERLY	INO □	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, at	or obout 21 C. WHERE DIE	(If In Bolilmore	City, give exect location)
DEATH (notify medical examined etc.)							
MED	OF INJURY	(Monthl (Doyl	(Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
2	(APPROX.)			While At Not While Work At Work	П		
	- The state of the						
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.						
	236, DATE SIGN						23B, DATE SIGNED
	Director Phys. Director Phys.						1111111
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS						
	mso	michate GRASSOMS DEGREE Transper Jeneral.					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel							
Burial 1/13/72 New Cathedral Baltimore							Md.
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS							
JAN12 1972 Was And O O How Jenkins & Sons Co. 4905 York Rd.							
VS	150-REV. 1/1/	6.0				- Jarut	

AND THE PROPERTY OF THE PARTY O

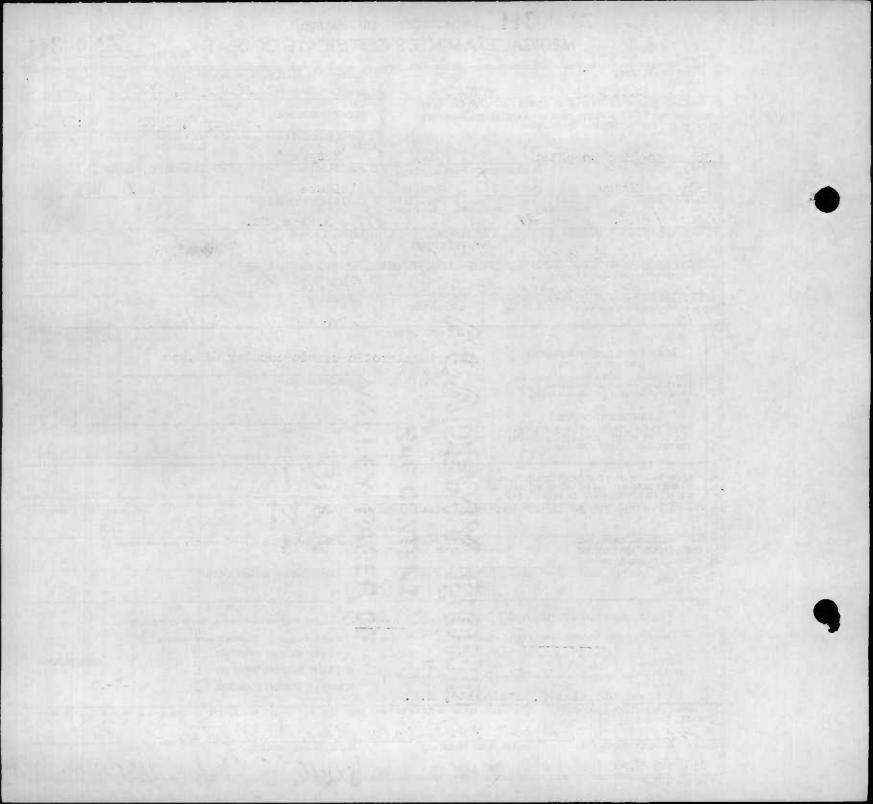
IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing VS 150-REV. 1/1/68

	BALTIMORE CITY	HEALTH DEPARTMENT
	BRTH NO. CERTIFICA	TE OF DEATH REG. NO. 72 00343
	1. NAME OF DECEASED (Type or Print) Con Con E	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission)
		A, STATE B. COUNTY
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
3	3	BALTIMORE YES 🔀 NO 🗍
	JOHNS HOPKINS HOSPITAL	2311 HARFORD PJ 7 / 1 / P
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	DATE OF RIGHT
	MALE NEGRO WIDOWED DIVORCED	10/9/13 lost birthday Months Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY I done during most of working life, even it retired)	1. BIRTHPLACE [Stole or foreign country] 12. CITIZEN OF WHAT COUNTRY?
	unemployed	Va. 115.A.
	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
	Beasley, Arthur Lee	Ware. lizzie
		7. INFORMANT ADDRESS
	Mes W.W.TI:	Myst Hudson - 2311 Herland Fd.
	78. 486 X1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
H	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Polymon Sudadin
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. (I means the disease,	CONSEQUENCE OF:
	injury or complication which caused death.)	150 March 1
	ANTECEDENT CAUSES (B) (B)	wia, COPD, Atrial k gulate
	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stoling the	CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C).	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	= core had al man lot
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	e son permen vase disan
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	20A-AUTOPSY? (Yes ol-No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
116	The section of the se	or obout 21 C. WHERE DID III In Rollingra City give exact location
	OK CONTRIBUTING CAUSE OF home, form, foctory, street, office DEATH (notify medical examined	e bldg. INJURY OCCUR?
	OF INITIAL (Month) (Doy) (Year) Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
1	IAPPROXJ While At Work At Work	
	22. I certify that (1) this haspital) attended the deceased from	-72 197210 1-8 1972
	that (1) (see) last sow the deceased alive an 1 - 8	ond that in four opinion death occurred on the date
	and hour and from the couses stated abave. (1) (Ne) (did) (did nat) vie	
	MA Attend	ing Med. Staff
	DEGREE Phys.	Director Physics
	NAME TYPE GEORGIE TAYLOR ON UID	blue to ke a feer to be to he to be
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	ATORY 240. LOCATION (City, town, or county) (Stote)
	Kennual 1-12-72	Busiling Man 1/a
2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	JAN 1 2 1972 Obber E. Feller, M.D. O)	Meltin Callelson -1129/1 Carolinest

M	-140
111	-17

BIRTH NC.		REG. NO.
1. NAME OF DECEASED	2. DATE Known X Month	Doy Yeor Hour
(Type or Print) CLARENCE MOBLEY	OF SHALL TONICATE	8. 1972
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month	Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		м.
	5. USUAL RESIDENCE (Where deceased lived A. STATE	. If institution: residence before odmission)
Johns Hopkins Hospital (DOA)	Maryland Maryland	1002
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore	YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	ILS EQ NO E
10-4-20 lost birthdoy) Months Doys Hours Min.	70% N Edon St	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	704 N. Eden St.	
WHAT GOUNTRY?	96. 190	+1
M. acilena 9.0/1.	Jumae 1311	J. Gles
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY define during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	4
Cementohinisher Carottuction	I pelle tadal	Co
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS
The second secon	Janue Conin >- 1618	Halen St. Ward OC
19. // / A // CAUSE OF DEA	TH/	APPROXIMATE INTERVAL
7/2.7		BETWEEN ONSET AND DEATH
I FADING TO DEATH	cotic cardiovascular dis	ease
(This does not mean the mode of dying, e.g.,	AUSE AS A CONSEQUENCE OF:	
heart failure, asthento, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
and the second second		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	S PERFORMED	21. AUTOPSY? (Yes or No)
8 1	- Taki Okillas	21. AUTOF 31; (160 01 110)
7		77
STATED NATIONAL CALLER WAS 1220 DI ACE OF INTURNAL		Yes
UNDERLYING OR CONTRIB-	in or obout 22C. WHERE DID (il in Boltimore C bldg., etc.) INJURY OCCUR?	
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UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Monih) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection Austresside from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOYAL (Specify) 1-/2-72 M.D. CAUSE OF DEATH. 1 corriging Control (Specify) 1-/2-72 M.D. 24B. DATE 24C. NAME of CEMETERY (REMOYAL (Specify) 1-/2-72 M.D. CAUSE OF DEATH. 1 corriging Control (Specify) 1-/2-72 M.D. 24C. NAME of CEMETERY (REMOYAL (Specify) 1-/2-72 M.D. CAUSE OF DEATH. 1 corriging Control (Specify) 1-/2-72 M.D. 24C. NAME of CEMETERY (REMOYAL (Specify) 1-/2-72 M.D. CAUSE OF DEATH. 1 corriging Control (Specify) 1-/2-72 M.D. 24C. NAME of CEMETERY (REMOYAL (Specify) 1-/2-72 M.D. CAUSE OF DEATH. 1 corriging Control (Specify) 1-/2-72 M.D. 24C. NAME of CEMETERY (REMOYAL (Specify) 1-/2-72 M.D. CAUSE OF DEATH. 24C. NAME of CEMETERY (REMOYAL (Specify) 1-/2-72 M.D. CAUSE OF DEATH. 24C. NAME of CEMETERY (REMOYAL (Specify) 1-/2-72 M.D. CAUSE OF DEATH. 25C. NAME of CEMETERY (REMOYAL (Specify) 1-/2-72 M.D. CAUSE OF DEATH. 26C. NAME of CEMETERY (REMOYAL (Specify) 1-/2-72 M.D. CAUSE OF DEATH. CAUSE OF	while 22F. HOW DID INJURY OCCUR? while 22F. HOW DID INJURY OCCUR? rapsy and that on this basis, dec Homicide Undetermined CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER DIT CREMATORY 24D. LOCATION	oth In my apinion manner DATE SIGNED 1-8-72
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2-16-1972 - Form - completion of cause of death on a pending medical examiner death certificate - Russell S. Fisher, M.D. (Unpended 2-15-72)

HRS

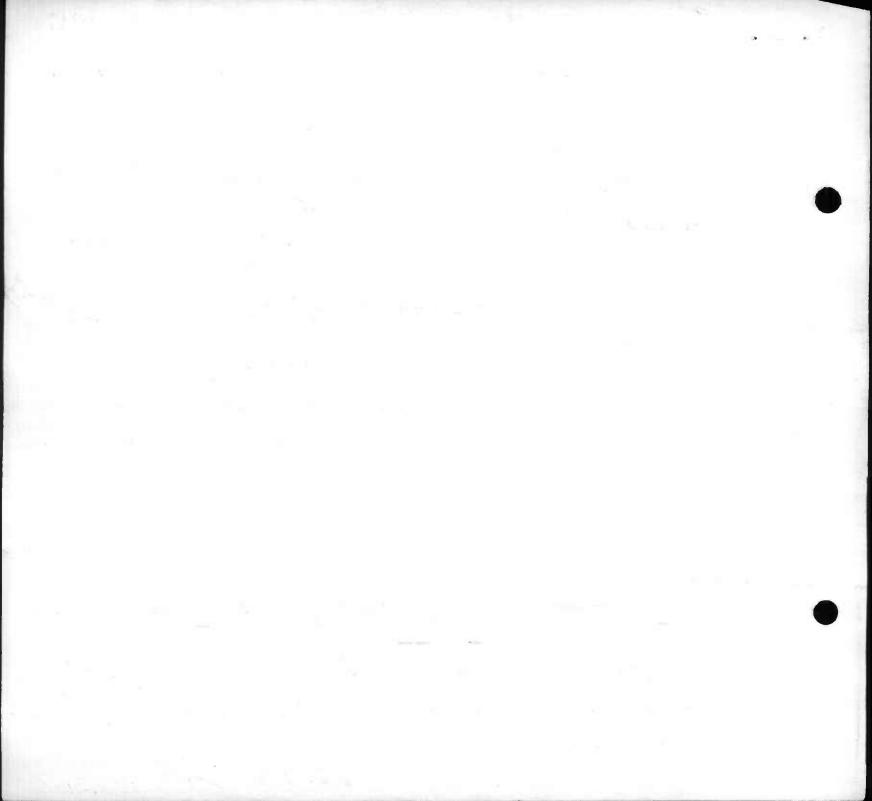
3-16-1972 - Letter - Office of the Chief Medical Examiner, Russell'S. Fisher, M.D. Chief Medical Examiner

. 6

HRS

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

D	150	00347	BALTIMORE CITY	HEALTH DEPARTMENT			0 00247
BIRTH NO		100047	CERTIFICA	TE OF DEATH	REG. NO		2 00347
I. NAME C	OF DECEASED			2. DATE	AND HOUR OF DEAT	н	
(Type or P	Alice S.	Rosen		Jan	wary 8, 1972		1 9:30 A. M
3. PLACE	IN BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	Where deceased lived If	institution	residence before admission)
FULL NA! HOSPITAL INSTITUTION	OR ADDRESS OR LOC	ITAL OR INSTIT CATION)	UTION, GIVE STREET	MAryland C. CITY OR TOWN	ID. IN	ISIDE CITY	2642
no				Baltimore	X	YES 📝	1
	4435 MAnnasota A	lvenue		E. STREET AND NUMBER	nasota Avenu	0-2121	/ ?
- SEX	6. RACE White	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (in years lost birthdoy)		er 1 Yr. If Under 24 Hrs. Doys Hours Min.
OA. USUA	L OCCUPATION (Give kind of wo	rk 10B, KIND O		11. BIRTHPLACE (Stole or		12. CI1	TIZEN OF WHAT COUNTRY
one during	most of working life, even if retired)						U.S.A.
	C'S NAME	yener	al Motors	Bacto.			U.J.M.
	Lemmuel Ayres			Sarah			
. Wos De	ecosed Ever In U. S. Armed Fornknown) (If yes, give wor ar do	orces? tes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	W 600		ADDRESS
No			212-09-5101	Aluca S Pri	00 /1/12F A	/ .	1 21200
18. 2 3	1091		CAUSE OF DEAT	Alyce S. Pri	ce -177) III, N	nasoza	AVE2/206
4	DISEASE OR CONDITION D	RECTLY					BETWEEN ONSET AND DEATH
	LEADING TO DEATH	ł	(A) IMMEDIATE CALL	SEACUTE GROA	ARY THEOM	Ansis	1/2 HOUR
(This	does not mean the mode o failure, asthenia, etc. It mean	dying, e.g.,		A CONSEQUENCE OF:	711120/01	0030	
injury	or complication which cause	d deoth.)					
	ANTECEDENT CAUSE	S	CORON	IARY ATHER	SCLEROSIS	5	SEVERAL YEA.
DISEA	SES OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			7-77
nse	la the above cause (A) RLYING CONDITION last.	stating the	DIAF	BETES MELL	THE		BECENT MONTH
UNDE	KETING CONDITION Just.		(C)	4, 53 17,000	7703		LECHT MONTH
: ITO THE	SIGNIFICANT CONDITIONS CO	THE TERMINAL					
DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (A).	WHICH OPERATION	120A ALLTOREVA (Voc. or	Nell oop ar year trans		
19A.DA	WAS PE	RFORMED	WHICH OPERATION	20A. AUTOPSTY ITES OF	Noi 208, IF YES, WERE IN CERTIFYING C.	AUSES OF	DEATH?
OR CO	CCIDENT WAS UNDERLYING [NTRIBUTING CAUSE OF (notify medical examiner)	218 hom etc.	e, form, foctory, street, af	or obout 21 C. WHERE DID	(if In Boitime	ore City, giv	ve exoct locotion)
21 D. TI	ME (Month) (Day) (Year	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
OF INJ			le At Not While				
		Wo	ik LJ At Work				
	ertify that (1) (this hospit a		he deceased fram		19 <u>7/</u> to		1972
) (we) last saw the deceas		1/5	19 <u>72</u> ond	that in (my) (our) op	Inion dea	th occurred an the date
	our and from the causes sta	ted above. (I) (We) (did) (did not) vi	ew the body ofter deat	h.		
	GNATURE			1		238. DA	TE SIGNED
all	best CHerry	mu .	M.D. DEGREE Phys	ding Med.	Staff Phys.	1	10/72
23C. PH	YSICIAN'S AME (Typel	/	DEGREE 11195	3D. ADDRESS	глуз. —	1//	
1	LBERT C. HE.	ERMAN	IN M.D.	5575 REI	1.0000	QAI.	די אות אות
A. BURIA	L CREMATION DATE		DEGREE	5525 BEL			10. MD. 2126
REMO	VAL (Specify)	24G. N.	THE OF CENTERERS OF CRE	VIAIORY 24D.	LOCATION (C	ity, town,	or county) (Stotel
	rial /-//-7	25B. NAME C	Thin Cemeter	P lace Function	Baltimare	MAnul	and
JAN	113 1972 0	C. Jabe	ZAZ ()	John J. Ail	er Inc-6415	Rel	ADDRESS
\$ 150-REV	. 1/1/68				(VII)	Le la	to 30 11.16 -



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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	11 -2	\			BALTIMORE C	ITY HEAL	TH DEPARTMEN	łT			0 1	02/3
BIF	11-501		13	003	48 CERTIFIC	CATE	OF DEAT	Н	REG. NO			10043
	Pe or Print)	MA	RY	E.MI	AMML			1/8	772			11,30 AM.
3.	PLACE IN BALT	IMORE MAS	ITLAND, W	HERE PROP	OUNCED DEAD	4. US	VAL RESIDENCE	(Where dec	eased lived. Il in	stitution: r	esidence b	efore admission)
IHO	ILL NAME OF DSPITAL OR STITUTION	(IF NOT ADDRES	IN HOSPIT	AL OR INS	TITUTION, GIVE STREET		Y OR TOWN		D. INSI	DE CITY L	IMITS?	12
7	He unio	IN ME	EMOR	ei4L	HOSPITAL	E. STI	CALTIA EET AND NUMB 4215	ER	as Avenue	YES T	N	<u> </u>
5. :	EX	6. RACE		7. MARRIE	D NEVER MARRIED	3 8. DAT	E OF BIRTH	9. AG	E (In years	II Unde	e 1 Ye I	Il Under 24 Hrs.
	F	w.	hile	WIDOWE	DIVORCED	a Ju	ne 10,189	75 lost b	irthdoy 7-6	Months	Doys H	lours Min.
	e during most of w	rorking lile, eve	(beriter, hi n	IOR KIND	OF BUSINESS OR INDUS		THPLACE (State o	-	untryl	12. CITI		HAT COUNTRY
	HOUS	EWI 1	EE				ARYC	AND			U.C	.22.1
	FATHER'S NAM			<u>- 1</u>	0 1	14. M	THER'S MAIDEN		/			
	NAKN	-			Jordan		MAR	24 6	RAY			
15. (Ye	Was Deceased s, no of unknown!	af yes, give	Armed Forwar or date	ces? s of service	16. SOCIAL SECURITY NO. 2/3-/6-39/	1	ORMANT	ımma –	3224 Pak	e Ave	ADDRESS	Balto. Md.
-	18. ////	1/1			CAUSE OF DE		ocy in the	DIVINC	JEE! Dui!	7100		MATE INTERVAL
	DISEAS	OR COND	ITION DI	ECTLY								INSET AND DEATH
		LEADING TO	DEATH		(A)IMMEDIATE	CAUSE C	EREBLOUA EQUENCE OF:	Seuch	& Accip	ENT		
	(This does no heart failure,				DUE TO, OR	AS A CONS	EQUENCE OF:		***************************************			I forth the carries throw the carrier cortex still still the
	injury or cam											
	A	NTECEDENT	CAUSES		(A) THRU	WB0	SEQUENCE OF:	RIGH	T SILVI	AN !	trucker.	4
	DISEASES O	R CONDITIO	ONS, if	ony, givin	•							
	rise to the UNDERLYING			stating It	(c) AR	TERIO:	CLEROTIC	- CAR	D'WASWY	he Do	SRAHR	
		- 11										
HON	OTHER SIGNIFI	CANT CONDIT	TONS CON	NTRIBUTING	3							
CAI	DISEASE OR CO	NDITION GIV	EN IN PAR	[] (A).	WHICH OPERATION	120.4	- AUTOPSY? (Yes	- Na) 200	IF YES MEAN	10100100	CONSIDE	
CERTIFICATION	0		WAS PERF	ORMED				IN	LIF YES, WERE F	JSES OF	CONSIDE	RED
MEDICAL C	21 A. ACCIDEN OR CONTRIBUT DEATH (notify	T WAS UND TINO CAU: medicol exomi	ERLYINO [2 h-e	18. PLACE OF INJURY (e. ome, farm, foctory, street, ic.)	g., in or obo office bldg	INJURY OCCU	ID R?	(If in Boltimore	: City, give	e exoct loca	otion)
4ED	OF INJURY	(Month) (Do	y) (Tearl		E INJURY OCCURRED		21F. HOW DID	INJURT C	CCUR?			
2	(APPROX.)				Vhile At Wark At We							
	22. I certify t	that (1) (this	hospital) attended	the deceased fram			19	to			10
	thot (1) (we)	lost sow the	decease	d olive on			9on	d that In ((my) (aur) opir	ion dect	h occurre	ed on the dote
			uses stat	ed above.	(1) (We) (did) (did nat) view the	bady after dec	oth.				
	23A. SIGNATUR		04-			A	- 44 4 -			23B, DAT	E SIGNED	
		08€	NA.			Attending [Director	Staff Phys.		1/8	317	L
	PHYSICIAN NAME (Ty	rs pe)	108	sel'	Az DEGI	23D. AD		W R	Ern	in	. Ite	stime
24A	REMOVAL IS	AATION, 248	DATE	24C.		CREMATOR	1.0	D. LOCATI		y, lown, o		tStote)
211	Burial	70 0/	-11-72		Moreland Mmo.			Ba	ltimore, M	Aryla	and	
1	DAN + O &	BANHEYPHAR	0 00	7 4	"Y O O	250	FUNERAL DIRECT	TOR	Inc-6415	Rola:	ADDRE	d-21206
VS	150-REV. 1/1/6	1/4	be I E	Valla	ALD	0	Sacreto wk	mer.	inc-orr)	Denuc	7C 7000	u 21200
-												



A BALTIMORE CITY HE	ALTH DEPARTMENT
10-260 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 200349
BIRTH NO.	
I. NAME OF DECEASED (Type or Print) JOHN BAKER, JR.	2. DATE Known X Month Day Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted January 7 or 8, 1972 Month Doy Year Hour
FULL NAME OF (IF NOT IN HO SPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD January 8, 1972 10:45 A.
OR INSTITUTION PROTECTION	3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
1808 N. Calvert Street 2-14-72	A STATE Maryland B. COUNTY /205
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER
April 21, 1921 50	1808 N. Calvert Street
11. 8IRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
North Carolina U.S.A.	John Baker, Sr.
IAA. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even Il retired)	
Short Order Cook Restaurant	Debbie Staton
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of service) YES W.W.11 226-24-6107	William Lankford 6206 Alumore Way 21224
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arterioscler	otic cardiovascular disease
(This does not mean the made of dyling, e.g.,	AUSE AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (II in Soltimore City, give exact location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX) WHILE AT TO NOT	WHILE
23.	ORK
I certify that I held an Inquiry Inspection Au	topsy 🛮 ond that on this basis, death in my opinion
resulted from: Natural causes XX Accident Suicid	
	CHIEF MEDICAL EXAMINER
ACTUAL ()	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE MAN MAN MAN MAN MAN MAN MAN MAN MAN MAN	
NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER January 9, 1972
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, lawn, or county) (State)
	onal Cemetery Gettsburg, Pennsylvania
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Randallstown,

25A. DATE REC'D BY HEALTH DEPT. VS 151-REV. 1/1/68

LORING BYERS 8728 Liberty Rd.

Md. 21133

60-	-0	4-	-9	0	đ	jr
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	vritten approval must be obtained before the remains are embalmed or final disposition is made.
	Page 1	-	41	-	-	-

V 1/// 200 000220	CITY HEALTH DEPARTMENT
BIRTH NO.	ATE OF DEATH
(TOPON KELLER Charlotte	January 10, 1972
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived, If institution: residence below admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 2611
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?
BALTIMORE CITY HOSPITAL 2122	YES NO
4940 Eastern Avenue Baltimore, Maryland	3230 O'Donnell Street 21224
5. SEX 6. RACE 7. MARRIED NEVER MARRIED NOVER liest bitindoy, Manins; Days Hours; Min.	
104. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired)	Maryland U.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
John WM, S. HART	Marie ?
15. Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL (16s, no or unknown) (If yes, give war or dates of service) 219-22-4592	17. INFORMANT 4940 Eastern Avenua DDRESS
no 219-22-4592	A BCH: RecordsBaltimore, Maryland 21224
18.410.91 CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	
heart failure, asthenia, etc. It means the disease, Injury or camplication which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (8) Arter	OSCIDIONIC CAIDIO-VASCULAY DISEAFO.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR nise to the above cause (A) stating the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a),	ecystectomy
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSYS (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUST (c.	g., in or about 21 C. WHERE DID (If In Baltimare City, give exact lacation), affice bidg., INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	216. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not V	Yhile O
22. I certify that (1) (this hospital) ottended the deceosed fram	December 12 1971 to January 10 1972
that (1) (we) last saw the deceased alive on	19 72 and that In(my) (aur) opinion death accurred on the date
and hour and from the causes stated obave. (1) (We) (did) (did no	
23A. SIGNATURE	23B, DATE SIGNED
DEGREE !	Attending Med. Stuff Director Phys. D Jameny 10.1972
23C. PHYSICIAN'S NAME (Type) EDUARDO BARBOZA M.D.	23D. ADDRESS 4940 Eastern Avenue Baltimore, Maryland
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERT OF REMOVAL (Specify)	REE 21224 CREMATORY 24D. LOCATION (City, town, or county) Islatel
BURIAL /13/72 LOUDON 1	PARK BALTO, MO.
25A. DATE REC'D BT HEALTH DEPT. 25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/68

(M2)34 + 112)

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1 150 BALTIMO	ORE CITY HEALTH DEPARTMENT
BIRTH NO. CERTI	FICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) LEVIN, ISADORE E.	1/11/72 105a.m
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STR ADDRESS OR LOCATION	
HOSPITAL OR ADDRESS OR LOCATIONS INSTITUTION SINAT HOSPITAL OF BALTIN	C. CITY OR TOWN D. INSIDE CITY LIMITS?
SINAI MUSICIAL OF ISACIAN	TORE PRALTIMORE. YES NO
42	5821 MARCISSUS HUE. 21215.
S. SEX ALE 6. RACE HITE 7. MARRIED NEVER MARRIED DIVORG	CED O 2/20/08 IOSE DIFFERENCE DAYS PROFES
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ACCOUNTANT CPA SELF EMPLOYED	BALTIMORE, MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MENDEL LEVIN	STELLA ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war or dates of service) 16. SOCIAL SECURITY N	17. INFORMANT ADDRESS
NO	MRS. FLORENCE LEVIN, 5821 NARCISSUS AVE. #212
18. / 9 2 X 1 CAUSE O	
DISEASE OR CONDITION DIRECTLY	
	DIATE CAUSE RESPICHRONIEC YRS
heart failure, asthenia, etc. Il means the disease, injury ar complication which caused death.)	O, OR AS A CONSEQUENCE OF: EMPHYSEMA
ANTECEDENT CAUSES	RESPIROTORY INSUFFICIENCY
DISEASES OR CONDITIONS, if any, giving DUE TO	O, OR AS A CONSEQUENCE OF:
size to the obove couse (A) stating the UNDERLYING CONDITION tast. (C)	o, on as a consequence of
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIC WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 121B PLACE OF INITIA	ON 20A AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	RY (e.g., in or about 21 C. WHERE DID (If In Boltimore City, give exact location) street, office bidg., INJURY OCCUR?
21D.TIME (Manth) (Doyl (Year) (Hour) 21E INJURY OCCUR	RED 216 HOW DID INJURY OCCUR?
	Not While At Work
22. I certify that (1)-(this hospital) attended the deceased fro	
that (1) (we) lost sow the deceased alive on	01/11 19 72 ond that in(my) (our) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did)	
23A. SIGNATURE	23B, DATE SIGNED
(Kerne M)	Attending Med. Staff Phys. Director Phys.
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS /
B. KERZNER ME	SINAT HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	DEGREE LY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 1-12-72 ANSHE EMUNA	BALTIMORE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR.	2SC. FUNERAL DIRECTOR ADDRESS
JAN 13 1972 Pole & Jan 2	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
V\$ 150-REV. 1/1/68	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1	2005	SOOFS	BALTIMORE CITY	HEALTH DEPARTMEN	IT	
1	7 - 200	00338	CERTIFICA	TE OF DEAT	H REG. NO	
1,1	NAME OF DECEASED				E AND HOUR OF DEATH	72.00352
		HKIN			1-10-	72 810 PM
3.	PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCE	ED DEAD	A. STATE	(Where deceased lived, If i	nstitution: residence before admission)
FL	ILL NAME OF (IF NOT IN HOSPITAL DISPITAL OR ADDRESS OR LOCATION)	OR INSTITUTION	N, GIVE STREET	C. CITY OR TOWN	BALYO D. INS	2740
	EWAI HOSP	. Of	8440	E. STREET AND NUMB	ER	YES NO NO
	12			28 23B	WESTERN	RUN DR
5.	1000 111-40	MARRIED N	TEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	USUAL OCCUPATION (Give kind of work 10 eduring most of working life, even if refired)	B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stote o		12. CITIZEN OF WHAT COUNTRY?
		OWARD ST.	JEWELERS	RUSSIA		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	INAME	
	JACOB PUSHKIN			RACHEL	?	
15. (Ye	Was Deceased Ever in U. S. Armed Forces s, no or unknown) (If yes, give wor or dates of		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		account No.	MRS. EVELYN	PUSHKIN 5823	B WESTERN RUN DR.,#
	18.4/10.91		CAUSE OF DEAT		ooman, ooso	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIREC	CTLY	ACUTE	MYOCHED	INL INFAR	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of do	vina e a	(A) IMMEDIATE CAU	ISE		J HSTANTANEO
	heart failure, asthenia, etc. It means th	e disease,		A CONSEQUENCE OF:		^
	ANTECEDENT CAUSES	eam.J			tonio salero	fic
			(15)	ovaco. Des		
	DISEASES OR CONDITIONS, if any rise to the above couse (A) st	y, giving loting the	Mampie	A CONSEQUENCE OF:	of coronary	
	UNDERLYING CONDITION lost		(c) Insuif	course and	& several	*****
z	11		Premo	us Myocard	ear there	tiens
51	OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE	TERMINAL		•		
S	19A-DATE OF OPERATION 19B CONDITION	TON FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE	FINDINGS CONSIDERED
CERTIFICATION	WAS PERFOI	MED			IN CERTIFYING CA	USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B, PLAC home, for etc.)	CE OF INJURY leaguesing, foctory, street, of	or a bout 21C. WHERE DI	D (II to Boltimor	re City, give exact location)
	21D. TIME (Month) (Doy) (Year)	Hour 21E INJL	JRY OCCURRED	21F. HOW DID	INJURY OCCUR?	
W	OF INJURY (APPROX)	While At	Not While			
	22. I certify that (1)(this hospital) a	ttended the de			4195 . 10	1-10- 197Y
	tho (1) (we) last sow the deceased		12-24			nion death occurred on the date
	and hope and fram the causes stated	above (1) (We	(did (did not) vi			
1	23A. SIGNATURE	()- 1		The body differ dec	11110	23B, DATE SIGNED
	Japen Brulleau	relles	Phon	Med.	Stoff Phys.	1-10-72
	23C. HYSICIAN'S NAME (Type)		DEGREE]	3D. ADDRESS		
	JOSEPH DECKELBA	UM. M. D		3502 WEST	Cosces AUE.	. BACTO . MO. 21215
24/	BURIAL CREMATION, 248. DATE	,	DEGREE OF CRE			ity, lown, or county) (State)
	BURIAL 1-11-72	1.1	CH ZEDEK		BALTIMORE, MAR	
2SA		B. NAME OF REG	GISTRAR_	25C. FUNERAL DIREC		ADDRESS
	IAN 13 1972 Pole E	The last speed	170. 170	SOL LEVINSO	NO BROS.,6010	REISTERSTOWN ROAD
1/5	The state of the s		~			

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THE THE PERSON NAMED IN COLUMN

T.S. LIVAN BURLEY, LINE II MESTELL .

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

(-552 IRTH NO.		10353	CERTIFICA	TE OF DEATH		- FS 1000 J3
NAME OF DECEAS	CUMM	IING:	SIEVA		AND HOUR OF DEAT	19-15 PM
L PLACE IN BALTIM	ORE, MARYLAND, W	HERE PRONOU	INCED DEAD	A STATE B CO	there deceased lived. If	Institution: residence before admission)
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	ITION, GIVE STREET	MARY LAND C. CITY OF TOWN	LA-TO	ISIDE CITY LIMITS?
SINA	Hosp	ITAL	BALTIMOI	E. STREET AND NUMBER	JRNE ROAD #2:	YES NO
SEX 16.1	RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	19. AGE Un vegra	If Under 1 Ys., Il Under 24 Hrs. Months! Days Haurs Min.
FEMALE	WHITE	WIDOWED [3 25 95	lost birthdayl	
one during most of work	ing life, even if retired)			11. BIRTHPLACE (State of	loteign country)	12. CITIZEN OF WHAT COUNTRY
HOUSEWI	FE	AT H	UME	IITHUANIA	NAME	USA
	ROSENBLOOM			LEAH	?	
		300	16. SOCIAL	17. INFORMANT	•	ADDRESS
	er in U. S. Armed Fore yes, give war or date	s of servicel	SECURITY NO.			
NO			214-66-7107 CAUSE OF DEA	TV was a second	A - Exter	CONEHENGE CIRCLE AP'
(This does not heart failure, ast injury or compile	ADING TO DEATH mean the mode of thenia, etc. It means cation which caused TECEDENT CAUSES	the disease, death.)		ACONSEQUENCE OF: Abdom	inal VIS	
(This does not heart failure, ast injury or compile ANT DISEASES OR rise to the UNDERLYING C	mean the mode of thenia, etc. It means colon which caused TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost.	the disease, death.) any, giving stating the	DUE TO, OR A	A CONSEQUENCE OF:	inal VIS	CERA
(This does not heart failure, ast injury or compile ANY DISEASES OR rise to the UNDERLYING C	mean the mode of thenia, etc. It means cation which caused TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	the disease, death.) any, giving stating the	(E) DUE TO, OR A	ACONSEQUENCE OF: Abdom	inal VIS	CERA
This does not heart failure, ast injury or compile ANY DISEASES OR sise to the CUNDERLYING COMPERLYING COMPERLY	mean the mode of thenia, etc. It means colon which caused tecedent caused (A) conditions, if above cause (A) condition feet. If the conditions colon to the colon of the colo	nny, giving stating the NITRIBUTING HE TERMINAL I 1 (A). DITION FOR V. C. N. C	(C) WHICH OPERATION Y TERDECOLO	S A CONSEQUENCE OF: A CONSEQUENCE OF: 20A-AUTOPSY? (Yes a)	NO 20B IF YES WEE	CERA
This does not heart failure, ast injury or compile ANY DISEASES OR rise to the UNDERLYING CONTROL TO THE DEATH 8 DISEASE OR CON DISEASE OR CON DISEASE OR CONTRIBUTION OR CONT	mean the mode of thenia, etc. It means cation which caused TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. II ANT CONDITION CONDITIONS CONDITION GIVEN IN PARTECATION 198. CON WAS PERE TO TO TO TO TO TO TO TO TO TO TO TO TO	nny, giving stating the NITRIBUTING HE TERMINAL I 1 (A). DITION FOR V. C. N. C	(B) DUE TO, OR A (C) VHICH OPERATION Y TEROCOLUMN PLACE OF INJURY (a.g., form, foctory, street	S A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPST? (Yes a)	NO 20B IF YES WEE	STRUCTION STRUCTION EFINDINOS CONSIDERED CAUSES OF DEATH?
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CTHIS does not heart failure, ast injury or compile ANY DISEASES OR rise to the CUNDERLYING CONTRIBUTION OF THE DEATH BY DISEASE OR CONTRIBUTION OR CONTRIBUTION OF INJURY (APPROX.) 21. Certify the that (I) (we) loand hour and feel and hour and f	mean the mode of thenia, etc. It means colon which caused tecedent caused tecedent caused tecedent cause (A) conditions, if above cause (A) conditions colon to the cause of t	nny, giving stating the stating the NTRIBUTING HE TERMINAL 11 [A]. DITION FOR VORMED [A] [21E, home of all white word of alive an	VHICH OPERATION Y (C) VHICH OPERATION Y AV R OTO Y TERO_CoL) C PLACE OF INJURY (e.g., form, factory, street, at Work INJURY OCCURRED INJURY OCCURRED IN At Work At Wo	A CONSEQUENCE OF: A TEST S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes and the bidge injury occurs of the bidge injury occurs occurs of the bidge injury occurs of the bidge injury occurs occurs occurs on the bidge injury occurs occurs occurs occurs on the bidge injury occurs	No. 20B, IF YES, WEE IN CERTIFYING (INJURY OCCUR) 19 10 1 I that In (my) (our) of the Stoff Coope (STRUCTION STRUCTION
OTHER SIGNIFICA OTHER SIGNIFICA TO THE DEATH B DISEASE OR CON OTHER SIGNIFICA TO THE DEATH B DISEASE OR CON 19A-DATE OF OF A COLDENT OR CONTRIBUTING 21D. TIME (APPROX.) 22. I certify the that (I) (we) Ia- and hour and fr 23A. SIGNATURE 23G. PHYSICIAN'S NAME (Type	mean the mode of thenia, etc. It means colon which caused tecedent caused tecedent caused tecedent cause (A) conditions, if above cause (A) conditions colon to the cause of t	nny, giving stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating to the stating the sta	VHICH OPERATION Y (C) VHICH OPERATION Y TEROCOLIC PLACE OF INJURY (e.g., form, factory, street, INJURY OCCURRED le AI Not With AI Wor ne deceased fram DEGREE DEGREE DEGREE	A CONSEQUENCE OF: A TEST S A CONSEQUENCE OF: 20A. AUTOPST? (Yes or and a consequence of	No. 208, IF YES, WEIN CERTIFYING IN CERTIFYING IN CERTIFYING IN CERTIFYING IN CERTIFYING It in Boltin IN CERTIFYING If in Boltin IN CERTIFYING IN C	STRUCTION STRUCTION
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this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such was a proposition is made.

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VS 150-REV. 1/1/68

0		HEALTH DEPARTMENT		Airs conver		
5-650 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	62 H1354		
Type or Print NUM Mary V.	greene	2. DATE	HOUR OF DEATH	1 2-15 a 2mm		
3. PLACE IN BALTIMORE MARYLAND, W		A STATE B. COU	ere deceased lived. If in	stitution; residence before admission)		
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	MARYLAND		2740		
HOSPITAL OR ADDRESS OR LOCA	(TION)	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?		
42 Sinai Hopel		BALTIMORE		YES NO		
+3 may		E. STREET AND NUMBER				
		3118 BANCRO				
SEX 6. RACE	** MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Days Hours Min.		
MALE WHITE DA. USUAL OCCUPATION (Give kind of work	WIDOWED DIVORCED DIVORCED	8-18-1904	67	12 CITIZEN OF WHAT COUNTRY		
one during most of working life, even if refired)						
RETAIL	GENERAL STORE	BALTIMORE, MAI		USA		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
ABRAHAM GREENE		RACHAEL				
5. Was Decessed Ever in U. S. Armed For res, no or unknown) (if yes, give war or date	s of service) 1 & SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
NO	218-32-0627	MRS. SELMA GREE	ENE, 3118 BA	NCROFT RD. APT. A		
IT IT IS does not mean the mode of heart failure, asthenia, etc. It means Injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, If the door cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED T	death.) death.) death.) death.) death.) death.) (a) C) C) C) C) C) C) C) C) C)	in of obout 21 C. WHERE DID	Suffrier (a) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location)		
DEATH inotify medical examined 210.TIME (Month) (Doy) (Year)	elcal	21% HOW DID IN	JURY OCCUR?			
OF INJURY (APPROX)	While At Not Whi	· [
) attended the deceased from		19 to (19 1972		
and have and from the causes stars. 23A. SIGNATURE SUL STA	ed alive an (did) (did not)	19 2 and to view the body after death ending Med.		23B. DATE SIGNED		
23C.PHYSICIAN'S NAME (Type)	ith has	68 10 Parl	Heigh	to one		
SU DAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CE			City, town, or county) (Stote)		
BURIAL 1-11-7	2 AITZ CHAIM	1	BALTIMORE, M	ARYLAND		

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GPHEAL STORE RATEDORES, NARYLAND

THE RESERVE OF THE RESERVE OF THE PARTY OF T

24C. NAME of CEMETERY OF CREMATORY

reospect HILL

258. NAME OF REGISTRAR

24D. LOCATION

Wm-Cook- Brooks lowson Inc.

CEMETERY LOWSON

25C. FUNERAL DIRECTOR

(City, tawn, or county)

ADDRESS

(State)

10 WSON



NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV. 1/1/68

Werner II

1-14-72

24B. DATE

1-13-1972 - Letter from - Office of the Chief Medical Examiner, Werner U. Spitz, M.D.

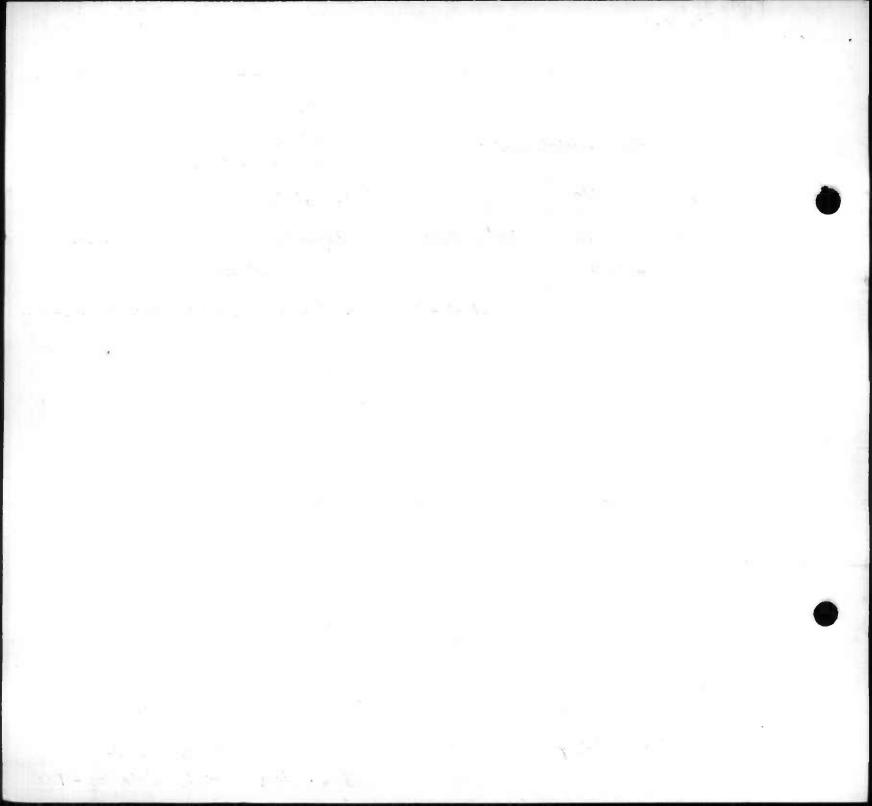
Deputy Chief Medical Examiner

HRS



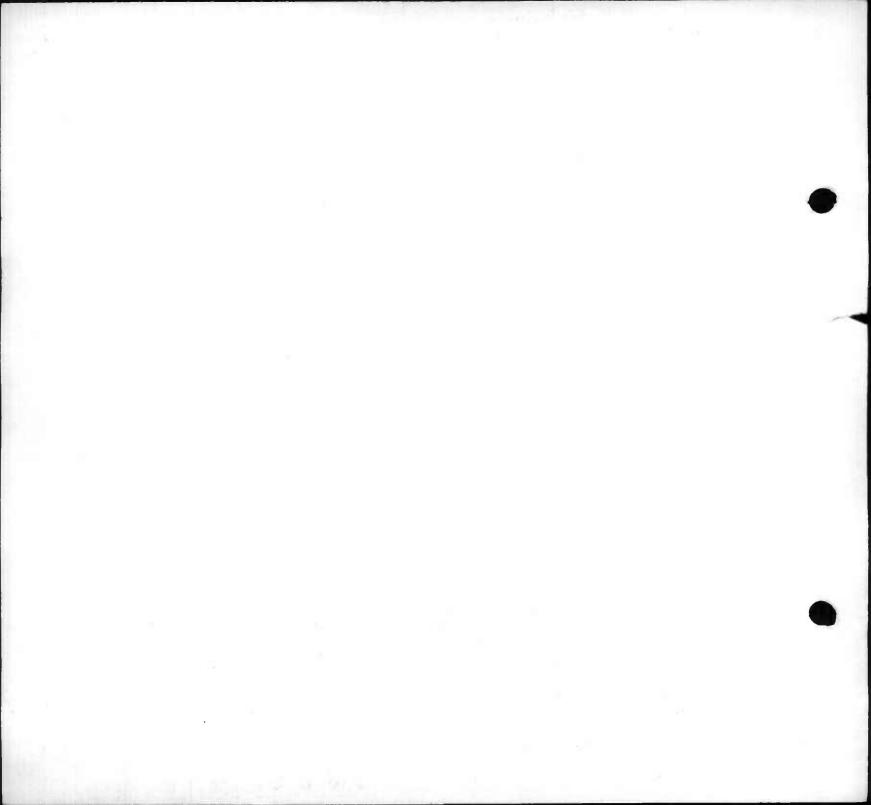
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11 = 360	E CITY HEALTH DEPARTMENT 72 00356
BIKIH NO.	ICATE OF DEATH
1. NAME OF DECEASED (Type of Print)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	100
44 Union Memorial Hospital	Baltimore YES NO DE. STREET AND NUMBER 3900 Southern Avenue
5. SEX Male 6. RACE White 7. MARRIED NEVER MARRIE WIDOWED DIVORCE	Months! Doys ! Hours ! Min.
IOA. USUAL OCCUPATION (Give kind of work IOB, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Route Salesman Rice's Bakery	Lithuamia U.S.A.
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(res, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 2/4-/8-74	76 Mr. William Xander- 3900 Southern Ave21200
18. / 6. 2. / 1 CAUSE OF	DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Remortage - Endobran had BETWEEN ONSET AND DEATH
(This does not mean the made of duing a (A) IMMEDIA	TE CAUSE
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	or as a consequence of: Concriber landrogenic ware less law 1 gr.
ANTECEDENT CAUSES	retestate honorogene ware less less 1 gr.
I DISEASES OR COMPILIONS, II day, diving Due 10.	OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last, (C).	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	(e.g., in or obout 21 C. WHERE DID (if in Boltimore City, give exect location)
OF INJURY (Month) (Doyl (Year) (Hour 21E INJURY OCCURE	
[(APPROX.]	While Work
22. I certify that (1) (this hospital) attended the deceased from	197/10/18/1972
that (1) (we) last saw the deceased offve on	19 7/2 ond that in(my) (our) opinion death occurred on the date
and haur and from the causes stated above. (1) (We)-(did) (did	
23A, SIGNATURE	23R DATE SIGNED
DEGREE DEGREE	Attending And. Director Phys. 1/10/72
23C. PHYSICIAN'S NAME (Type) J. BLATT, M.D.	23D. ADDRESS Esymed. Center Long and
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF	EGREE 24D. LOCATION (City, town, or county) (Stote)
Burial 1-12-72 Druid Ridge	Cemetery Baltimore, Maryland-
JAN 18 1972 CORRECT STRANGE OF REGISTRAN CO. CO.	25G FUNERAL DIRECTOR ADDRESS Ohn J. Biller Inc-6415 Belair Road-21206
VS 150-REV. 1/1/68	100



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

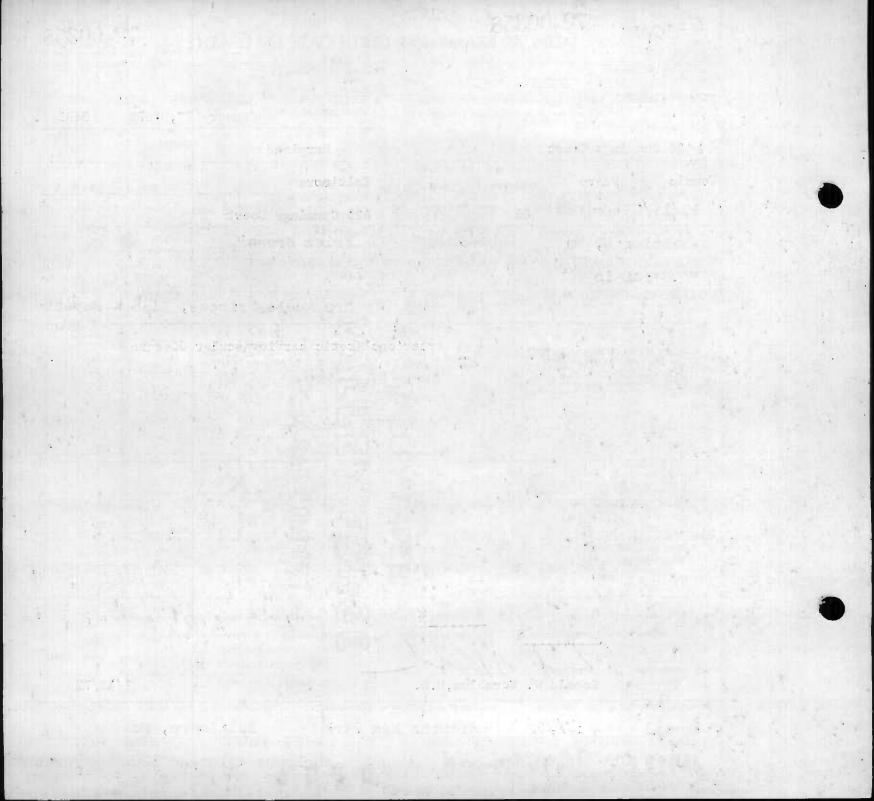
	N-200 72 0035		HEALTH DEPARTMENT	REG. NO.	72 00357
101	NAME OF DECEASED	CERTIFICA	TE OF DEATH	N20.110	
	ype or Print)	1 2011 2	2. DATE AND	HOUR OF DEATH	/ /
3.	PLACE IN BALTIMORE MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If insti	tution: residence before admission)
H	ULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	c. CITY OR TOWN).	D. INSIDE	TO 5300
	Maryland beneral	Hospital	E. STREET AND NUMBER		VES NO D
5.		RIED NEVER MARRIED	8. DATE OF BIRTH 9.		If Under 1 Ye. If Under 24 Hrs. Months! Doys Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work) 10B, KIN		11. RIDTERI ACESSIAN OF SOCIO	92	
do	ne during most of working life, even if retired)		The second second second	n country,	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
15. (Ye	Wes Deceased Ever in U. S. Armed Forces? ss,no or unknown! (If yes, give war or dotes of some	icel 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 4 7 9	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ci L		BETWEEN ONSET AND DEATH
	(This does not mean the mode of dving.	(A) IMMEDIATE CAU			
	heart failure, osthenio, etc. It means the disc injury or camplication which caused death.)	pase,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	Acterio	referentic cereby	. Q	
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	yes volange o	X44A
	rise to the obove cause (A) stating UNDERLYING CONDITION last.	(c)			
	11	(C/			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL			
CERTIFIC,	19A-DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yos or No)	208, IF YES, WERE FIN	DINGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examined	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, off etc.)	or obout 21C. WHERE DID	(If to Bollimore C	tty, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
-	(APPROX)	While At Work Not While At Work	口		/
	22. I certify that (I) (this hospital) attend	ed the deceased from	3 19	72_to	1/10 19 72
	that (1) (we) lost sow the deceased office		19 72 ond that	in(my) (our) apinto	h deoth accurred an the date
	and hour and from the couses stated obov	e. (1) (We) (did) (did not) vi	ew the bady ofter deoth.		
	23A. SIGNATURE Muhael A Silven	Atten		off [77]	B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	AD OF H	1/10//1
24/	REMOVAL (Specify)	C. NAME of CEMETERY OF CREA	ANATORY 24D LOC	ATION (City,	RYLAND
	1-11-12	of Grant	JOHNS HOPKIN	S MEDICA	L SCHOOL
25/		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	OHDANA	ADDRESS
VS	150-REV. 1/1/68			SHATE	



B-000 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

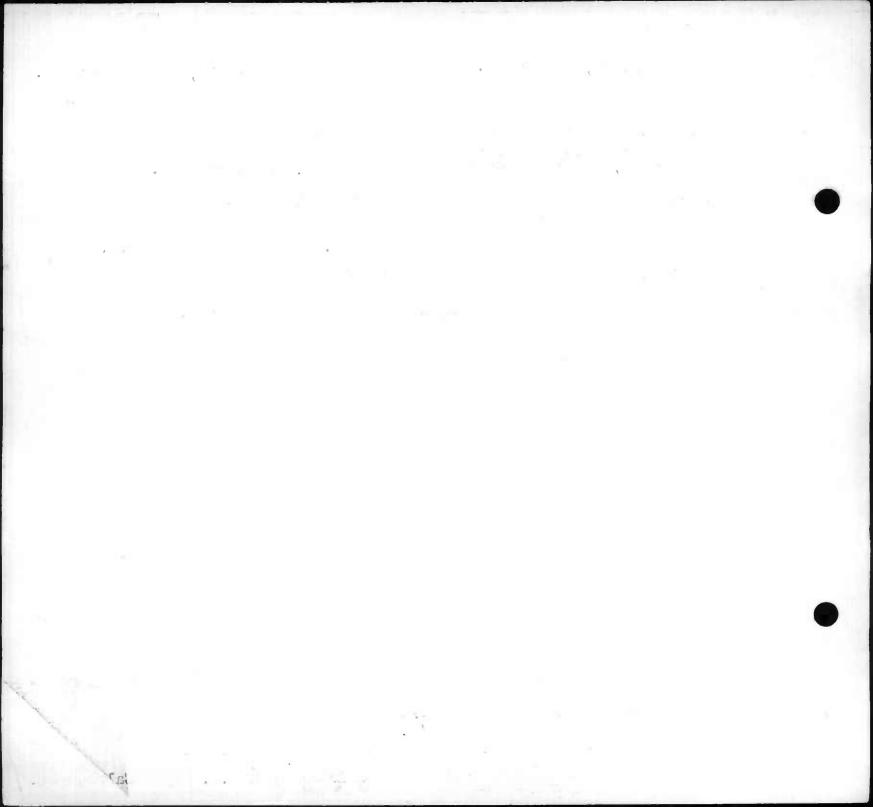
-	0	00:	2	1	ć
×	54.	2000	U)	:3	

BIRTH NO.										
1. NAME OF DEC		RICE BO	WIE	2. DATE OF DEATH	Knawn Estimated	Manth]	Day	Year	Hour	М.
4. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUT ATION)	TION, GIVE STREET		UNCED DEAD		y 12, 1			A A.M.
6 420 Cu	mmings Court			A. STATE	Maryland		B. COUNTY	ni. Tesigence	17	02
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OI	TOWN		D. INSIDE C	ITY LIMITS	?	
Female	Negro	WIDOWED		Balti			Y	YES 🗌	NO 🗌	
DATE OF BIRT	05 las Might	^{ov)} 66 Mo	Under 1 Yr. II Under 24 Hrs. nths Days Hours Min. 	420 (Cummings	Court				
	more, Md		WHAT COUNTRY?	13. FATHER	itz Bro	wn				
4A.USUAL OCCU	PATION (Give kind af working life, aven il retired)	148. KIND OF	BUSINESS OR INDUSTR	Len		AME			4-13	
	ED EVER IN U.S. ARME (il yes, give war or date:		17. SOCIAL SECURITY NO.	18. INFOR	s Adele	Brisc	oe, 25	L38 W	Faye	tte
(This does reported to the control of the control o	TE OR CONDITION DIRICAL CONDITION DIRICAL CONDITION DIRICAL CONDITIONS OF CONDITIONS O	ying, e.g., e disease, coth.) IY, GIVING ATING THE	(A)IMMEDIATE DUE TO, OR (B) DUE TO, OR (C)	CAUSE AS A CONSEC	CIC CARDIO	ovascula	ar dise	ase	TWEEN ONSET A	
DISEASE OF	ATH BUT NOT RELATED TO R CONDITION GIVEN IN	PART I (A).	R WHICH OPERATION W	AS DEDECOR	AED			21 AUT	OPSY? (Yes	ar No
O	200. 60	TADINION TO	Will OF EXAMON W	AS TERTOR	N.C.O			21. 401	no	,
UNDERLYING	NAL CAUSE WAS GOR CONTRIB-		PLACE OF INJURY(e.g. ne, lorm, factory, street, affi				e City, give ex	act lacation		
OF INJURY (APPROX.)	(Manth) (Day) (Yes			WHILE WORK	22F. HOW DID I	NJURY OCCL	JR?			
ACTUAL SIGNAT	ure Nettral co	In	Accident Suici	ASS	omicide CHIEF MEDICAL ISTANT MEDICAL	EXAMINER	deoth in my		DATE SIG	NED
EXAMIN NAME (Type)		nblum,M.D.		OCIATE MEDICAL				12/72	
24A. BURIAL CRE REMOVAL (Speci Buria) 25A. DATE REC'D	ify)	.5/72	Arbutus M E OF REGISTRAR	em Par			more,	Md ADDRESS	y) (Sto	ote)
JAN18	1972 Passel	ह, उन्ह	w Mai		Adolphu	s Hals	tead :	1206	Wno	rth
/S 151-REV. 1/1/68	8		100	0 6	2					



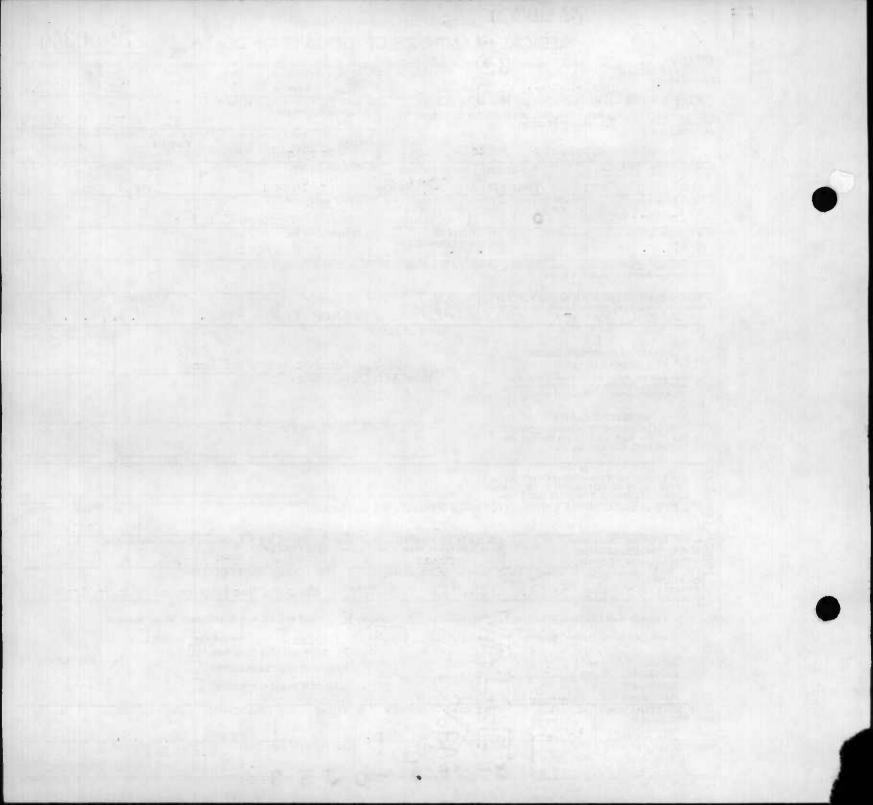
	sed the cch	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 00359
	0 0 N	1. NAME OF DECEASED (Type or Print) Lockett, Bertha M. 2. DATE AND HOUR OF DEATH January 10 1972 8:05 P.
	hospital ise of d (5) Dece ance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived If institutions residence before offeriories
	000 oo l	FULL NAME OF (IF NOT IN HOSPITAL OF INSTITUTION CIVE STREET Mary and
	n a h caus use; (HOSHTAL OR ADDRESS OR LOCATION) The Good Samaritan Hospital C.CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?
	in in in	5601 Loch Raven Boulevard E. STREET AND NUMBER
	TO .= L .	Baltimore, Maryland 21239 4029 W. Coldspring La.
	occurre contribut ermined regular eased p	Female Black 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost bighday) 16 Under 1 Yr. If Under 24 Hrs. 16 Under 24 Hrs. 16 Under 24 Hrs. 16 Under 24 Hrs. 16 Under 24 Hrs. 16 Under 24 Hrs. 16 Under 24 Hrs. 17 Under 24 Hrs. 18 Under 24 Hrs. 18 Under 24 Hrs. 18 Under 24 Hrs. 18 Under 24 Hrs. 18 Under 25 Hrs. 18 Under 26 Hrs. 18 Under 27 Hrs. 18 Under 27 Hrs. 18 Under 28 Hrs.
	上の中一の日	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote at foreign country) 12. CITIZEN OF WHAT COUNTRY
	deat Undeas as ir	13. FATHER'S NAME US A.
-	rif d (4) U wa the ispos	William Murray Blanche Taylor
Z	stant ind; (eath e on al dis	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS ADDRESS ADDRESS ADDRESS 17. INFORMANT ADDRESS AD
RT	find A Sin	no 214-12-2988 Wm Murray same.
IMPORTANT	o de a	18. APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	Also, re of a nounce attended of the design	LEADING TO DEATH (A) IMMEDIATE CAUSE Value: Conc
ä		(This does not mean the made of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury ar complication which coused death.)
10	miner. fractu to pro	ANTECEDENT CAUSES (B) D: abetes Mellions with years
DIRECTOR:	examiner. 3) A fractur n who pro in regular s are emba	DISEASES OR CONDITIONS, il any, giving nise la like obave cause IA) sialing the
DIR	S	UNDERLYING CONDITION lost, (C)
AL	Fodde 5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL
FUNERA	a nody he psicio	DISEASE OF CONDITION GIVEN IN PART (A). 1994. DATE OF OPERATION 1994. CONDITION FOR WHICH OPERATION WAS PERFORMED 2004. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED
5	by by 2) E re t phy fore	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., In or obout 21C, WHERE DID (if in Rollingue City, give exect levelles)
		DEATH (notify medical examiner) etc.)
	hospita nature; ept whe d (6) No ained be	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work
	00 00 00	22. I certify that (1) (this hospital) attended the deceased from 1/22 19 2/10 1/10 19 72
	of any of any al (ex th); al	that () (we) last saw the deceased alive an 1/10 19 2 and that in (mi) (aur) apinion death accurred on the date
		and haur and fram the causes stated above. (1) (We) (did) (Ad hat) view the bady after death.
	SPOPE	Stephen G. Ganl. M.D. Attending Med. Staff Director Phys. 238. DATE SIGNED
	at a at crior	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	certificate sody was r rs: (1) An a D.O.A. at ased prior	Stephen B. Baylin, M.D. Good Samaritan Hospital 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stoke)
	ody s: (1 D.O. dsec	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 1-14-72 Mt. Auburn Cem. Balto., Md.
	This certificate m the body was rel shows: (1) An acci was D.O.A. at a deceased prior to written approval	
	F = 1 3 0 3	JAN 13 1972 Color E. Raber & D. St. Parker & Calhoun St. VS 150-Rev. 1/1/68

P. M.



7-250
BALTIMORE CITY HEALTH DEPARTMENT
AFDICAL EXAMINED'S CEDIFICATE

	7-25	0	MED	ICAL		AMINER'S			DEAT	H REG. NO	72	0036)
_	TH NO.												
1. (Τγι	1. NAME OF DECEASED ((Type or Print) Clinton Tyson						2. DATE OF DEATH	Knawn 🖾	Month 1	11	72	2:04	А.м.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PI	RONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					INCED DEAD	1	11	72	2:04	А. м.			
	39	Pr	ovident	Hos	pita	a1	A. STATE	aryland	e detected ii	B. COUNTY	2	73	9
6.	SEX	7. RACE		8. MARE	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?		
	Male	Neg	ro	WIDOY	VED [DIVORCED 🔼	В	altimore		YE	s 🖵	NO 🗆	
9. 1	3-10-		10.AGE (In lost birthdoy)		ler I Yr. II Under 24 Hrs. s Days Hours Min.		ND NUMBER 611 North	wood D	rive			
11.	BIRTHPLACE (S	tate or foreig	n country)			TIZEN OF	13. FATHER						
14A don	.USUAL OCCU during most of w	PATION (Giv	e kind of work ten if refired)	48. KIND		USINESS OR INDUSTRY	1				district to	7/19	R
14	WAS DECEASE	ED EVED IN	II S ADMED	EODCE	eo 1	7 SOCIAL	18. INFORM	AANIT		AD	DRESS		
(Ye	WAS DECEASI , no or unknown) YES	W yes plyg	yozor doles	service	1	23 1071353	-		aic			N V	
_	19. /= C	17507	42-11/	0/4	7	CAUSE OF DEA	Esth	er ryson	-sis	• 1V	.Y.,	PROXIMATE IN	TERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loilure, osthenia, etc. it means the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE Guns hot wound of head DUE TO, OR AS A CONSEQUENCE OF:									ND DEATH			
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						AS A CONSE	QUENCE OF:					
CERTIFICATION	TO THE DEA	ATH BUT NOT	II NDITIONS CO I RELATED TO GIVEN IN PA	THE TERM	UNAL								
						HICH OPERATION W	VAS PERFORMED 21.					AUTOPSY? (Yes or No) Yes	
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB. UNDERLYING FOR CONTRIB. UNING CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (home, form, foctory, street, ollice bidg., etc.) INJURY OCCUR? Street 1200 W. NOT WHILE AT WORK Shot in home, form, foctory, street, ollice bidg., etc.) INJURY OCCUR? 22C. WHERE DID (home, form, foctory, street, ollice bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OF INJURY OCCURRED. WHILE AT WORK Shot in home, form, foctory, street, ollice bidg., etc.) INJURY OCCUR.							North .	Ave.	/ 5		3		
		ify that I h	leid on 1r	1	A.c.	Inspection Au	Hopsy ASSI		this basis, Undetermi EXAMINER EXAMINER	death in my clined manner	opinion	DATE SIGN	NED
24 RE	A. BURIAL CREAMOVAL (Special Buria	MATION,	1-14-	-	240	Church Cer			LOCATION Farmy:	(City, lown,) (Stat	(e)
25	JAN 13	1972	DEPT.	- Com	1.00	OF REGISTRAR	25C. 1	SON F. H	OR V	Bailey Calh	DRESS	Street	5
VS	151-REV. 1/1/68	3 A.	6 1	11	1		0 6	3 0					

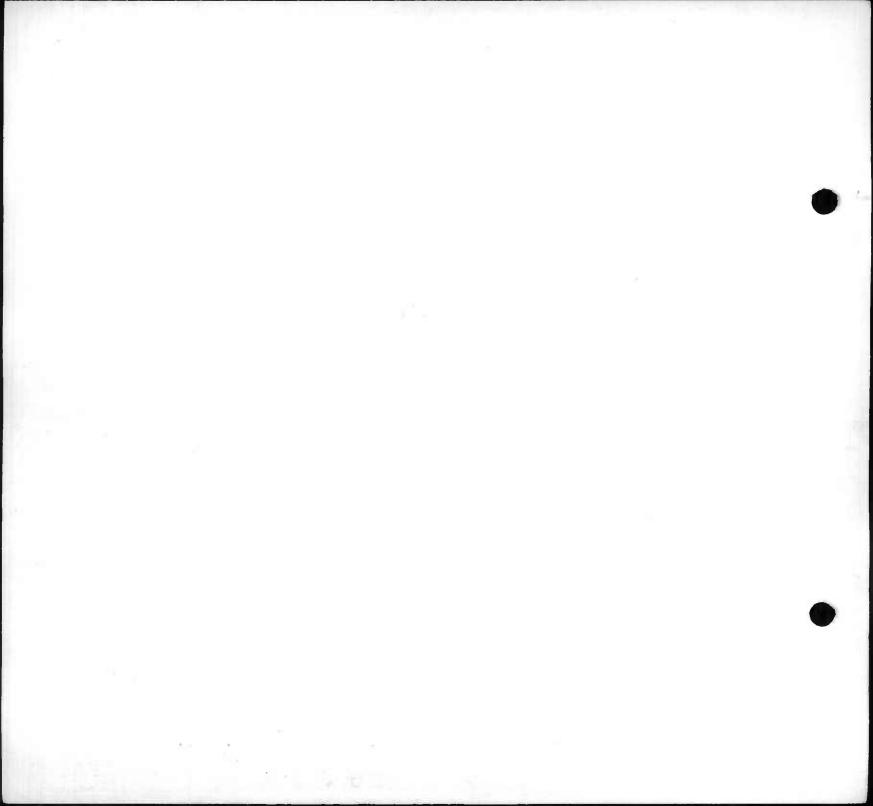


IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

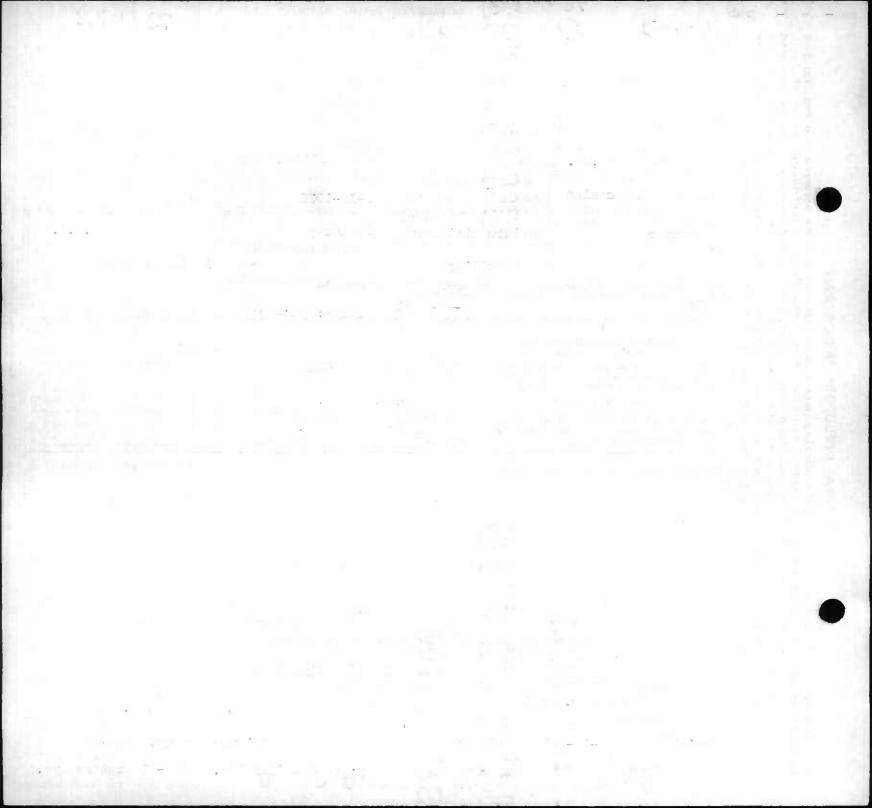
BALTIMO	DRE CITY HEALTH DEPARTMENT		
10-230 TO DOOG CERT	FICATE OF DEATH	REG. NO.	72 00204
I.NAME OF DECEASED			
(Type or Print)		D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	I A LISTAL RESIDENCE INC.	/11/72	lion: residence before admission)
WHERE PROPOSITED DEAD	A. STATE B. COUN	TY	nion: lesidence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STI	C. CITY OR TOWN	a L + IMORE	CITY LIMITS?
MARYLAND GEN HOSPH	E. STREET AND NUMBER	YE YE	NO [
T8	1339 1	MoshER	
5. SEX 6. RACE 7. MARRIED NEVER MAR	B. DATE OF BIRTH		Under 1 Yr. Il Under 24 Hrs.
WIDOWED DIVOR		ast birthday) M	Under 1 Yr. II Under 24 Hrs. onths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR II		na country)	2. CITIZEN OF WHAT COUNTRY
done during most of working lile, even if refired)		ja coomy,	E. CHIZZER OF WHA! CODNIK!
xxxxx Laundry	N.C.		0.5
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	(E	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY N			ADDRESS
UNK no 2172 2 28	21 NETTIE Cala	lue 11	SAME
18. 5 7 / O CAUSE O	F DEATH	WE II	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	/		BETWEEN ONSET AND DEATH
LEADING TO DEATH	HATE CAUSE headis	C 4- 1	UNKWOWN
	O, OR AS A CONSEQUENCE OF:		
ANTECEDENT CAUSES	A.	. /	
(8)	hepale con	house	UNKNOWN
DISEASES OR CONDITIONS, if any, giving DUE TO	O, OR AS A CONSEQUENCE OF:	11	
UNDERLYING CONDITION last. (C)	chronic also	holism	cutrous
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	ON 20A. AUTOPSY? (Yes of No)	208 IF YES. WERE FIND	INGS CONSIDERED
WAS PERFORMED		IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJU	RY (e.g., in or about 21C, WHERE DID street, office bldg., INJURY OCCUR?	(II In Boltimore Cit	y, give exoct location)
21D. TIME (Month) (Doy) (Yearl (Hour 21E INJURY OCCUS	RED 21F. HOW DID INJU	RY OCCUR?	
	Not While At Work		
22. I certify that (I) (this haspital) attended the deceased fro	om1/1019	972 to	1/11 1972
that (1) (we) last saw the deceased alive an	1/1/ 19 72 and the	t in (my) (que) animian	death accurred an the dote
and have and from the causes stated abave. (1) (We) (dld) (dl	()	,(, (au., apa	death decoiled dil the dole
23A. SIGNATURE	nat) view the bady difer death.	1028	, DATE SIGNED
1 1 1 1 1 1 1 1	Attending Med. S		ATE SIGNED
23C PHYSICIANS	Phys. Director P	hys.	1/11/72
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS		/ /
	DEGREE		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)		CATION (City, to	own, or countyl (Stote)
Burial 1-14-72 Mt. Auburn	Cem. Bal	to, Md.	

ley Calhoun 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 258. NAME OF REGISTRAR 1348 Street 1977 VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

200	BALTIMORE CIT	Y HEALTH DEPARTMENT	- man 00000
111-452 12-0	0362 CERTIFICA	ATE OF DEATH REG. I	NO. 72 00362
DIKIH 140,	HEARL MULLINS	2. DATE AND HOUR OF	DEATH
(Type or Print) Hear/	Mull. NS	1/18/72	1 8 A N
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	A, USUAL RESIDENCE/(Where deceased liv	red. If institution; residence before admission)
FULL NAME OF HE NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Maryland	101
		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Baltimore City Ho	spitals	Baltimore	YES X NO
4940 Eastern Ave		E. STREET AND NUMBER	23.224
Baltimore, Md. 212	24	3039 Elliott Street	21224
M-1- Courses and an	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE lin yellost birthday	ors If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. 43
OA. USUAL OCCUPATION (Give kind of work 108			112 CITIZEN OF WHAT COUNTRY
sone during most of working kie, even a retired) [
	astern Stainless	Kentucky	U.S.A.
3. FATHER'S NAME	ner Kan Jacks III.	14 MOTHER'S MAIDEN NAME	9
Geor	rge Mullins	Vi	rgie Vanover
5. Was Decoused Ever in U. S. Armed Forces Yes, no or unknown) (If yes, give war or dates of	f service) SECURITY NO.	17. INFORMANT	ADDRESS
No	403-30-9231	Records: BCH-4940 East	ern Avenue 21224
18. [/ 6 2]	CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY	1. Arres	7 2 1
LEADING TO DEATH	(A)IMMEDIATE CA	AUSE Candiagraspira	Low Lours
This does not mean the mode of dy heart failure, aethenia, etc. It means the	INC. S.C. DHETO OD A	S A CONSEQUENCE OF:	
injury or complication which caused de	ofh.)	f:	
ANTECEDENT CAUSES	Myc	leardial Inforcti	ON 3 days
DISEASES OR CONDITIONS, If any	giving (B) DUE TO, OR	S A CONSEQUENCE OF:	Many
rise to the above cause (A) sta	ofing the	I. COPD	Years
UNDERLYING CONDITION Icot.	(c)		
_ 11			
OTHER SIGNIFICANT CONDITIONS CONTR E TO THE DEATH BUT NOT RELATED TO THE T VICENTE OF CONDITION GIVEN IN PART 1	ZIBUTING FERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1	(A).	120A AUTONOMO (V N) 000 30 400	AVERE ENDINGS CONSIDERS
19A DATE OF OPERATION 19B CONDITION WAS PERFOR	MED	20A AUTOPSYR (Yes or No.) 20B. IF YES, IN CERTIFY	NERE FINDINGS CONSIDERED P S
= 5/10/70 LOSS E	of Femoral Pulsations		
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examines)	home, form, foctory, street,	in or about 21 C. WHERE DID (If in office bidge INJURY OCCUR?	Baltimore City, give exact location)
21D-TIME (Month) (Day) (Year) (Houd 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
E OF INJURY	While At Not W	pile - oli	
	Work L At Wor	K L	1/12 10 72
22. I certify that (I) (this hospital) a		1/9/72 19 72 10	17
that (I) (we) last saw the deceased of	alive an 1/12	19and that In (my) (a	our) opinion death occurred on the dot
and hour and from the causes stated	above. (1) (We) (did) (did not)	view the body after death.	
23A. SIGNATURE			238, DATE SIGNED
James n. Ingle	/	Hending Med. Stoff Phys. Director Phys.	1/12/72.
23G. PHYSICIAN'S	DEGREE	The state of the s	
NAME (Type) James N. End	gle	Parchillere circ	
	DEGRI		
24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)	24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION	(State)
Burial 1-15-1972	Oak Lawn	Baltimore	County, Maryland
	B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 1 3 1972 VARAGE EN	alley Kay	Lilly & Zeiler Inc.	1901-07 Eastern Ave.
VS 150-REV. 1/1/68			



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BIRTH NO. I, NAME OF DECEASED

		•				
2.	DATE	AND	HOUR	OF	DEATH	-
	7		3.4		7 2	

2. DATE AND HOUR C	F DEATH		90	
Jan 11.	72	1 2.	3 10	N
B. COUNTY	lived. If institu	tion; residence b	efore admis:	sion)

			15	41	6	-	16/	V	1	3 ' \	-
3.	PLACE	IN	BALTI	MORE,	MARYL	AND,	WHERE	PRC	ONO	UNCED	DEA

4. USUAL RESID Maryland C. CITY OR TOWN

FULL NAME OF HOSPITAL OR INSTITUTION

UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION

Baltimore

D. INSIDE CITY LIMITS YESXIX NO

If Under 1 Ya. Manths: Days

4940 Eastern Avenue Bal

Maryland 21224

E. STREET AND NUMBER 420 E. 22nd Street

9. AGE (In years

21218 If Under 24 Hrs.

M.

5. SEX thale

13. FATHER'S NAME

no

(Type or Print)

S. RACE MARRIED NEGRO/C WIDOWED X

8. DATE OF BIRTH NEVER MARRIED DIVORCED

CAUSE OF DEATH

last birthday 5-1-1900 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or foreign country)

Ella

12. CITIZEN OF WHAT COUNTRY?

USA

Baltimore, Maryland 21224

Ohe

Hours

done during most of working life, even if retired) Housewife

Georgia 14. MOTHER'S MAIDEN NAME

Moore '

Mitch Sparks

> 6. SOCIAL SECURITY NO.

17. INFORMANT Beatrice BCH RECORDS: Isaac Craver

Crayer Eastern Avenue

DISEASE OR CONDITION DIRECTLY

15. Was Deceased Ever in U. S. Armed Forces? (Yes,na or unknown) (If yes, give war or dates of service)

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slaling the UNDERLYING CONDITION last

(A) IMMEDIATE CAUSE DUE TO, OR AS & CONSEQUENCE OF

arcinoppa

(B) DUE TO, OR AS A CONSEQUENCE OF:

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL

DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED

22. I certify that (b) (this hospital) attended the deceased from 8-19

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined

218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

MEDICAL 21 D. TIME OF INJURY (APPROXI

(Month) (Doy) (Year) (Houst

21E INJURY OCCURRED While At Not While Work At Work

1-11-72 19 0 2 and that in (m) (our) apinion death accurred on the date

(If In Boltimore City, give exact location)

that (t) (we) last saw the deceased alive on. Jan. II. and hour and from the causes stated above. (N. (We) (did) (Atomot) view the body after deoth.

23A. SIGNATURE			_
M. Has	hishenass.	M.	9
23C. PHYSICIAN'S NAME (Type)			

Attending [Phys.

23D. ADDRESS

Med. Staff Phys. Director

Jan.	11.	9
1		

24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY Union Memorial Park

Albany, Georgia

transit-burial 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR 1/35 Harriord Ave. ADDRESS

REMOVAL (Specify)

VS 150-REV. 1/1/68

Marshald, W. Jones, Jr.

24D. LOCATION

238, DATE SIGNED

(State)

(City, town, or county)

Linkster, P. D. Lands

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M. Haghelunary, M. D. Tank City Heshiels

a hospital and

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1-220 BIRTH NO.		72	1)1
NAME OF DECE	ASED	HOW	AR
3. PLACE IN BALT	MORE A	AARYLAN	ID, W
FULL NAME OF HOSPITAL OR	(IF N	OT IN H	OSPITA
			4 3

1	-22	72 00	0 - 1		HEALTH DEPARTMENT	REG. NO	72 00364
	NAME OF DEC		40.			HOUR OF DEATH	
3.	PLACE IN BAL	TIMORE MARYLAND, WH		AD	4. USUAL RESIDENCE (Where	daceased lived. If in	Mastitution: residence before admission(
FU	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPITAL	OR INSTITUTION, GIV	E STREET	Md.	Υ	2717
11		paulding Ave			Balto.	D. INS	YES X NO
6	20	bearding was	•		E. STREET AND NUMBER 3027 Spauldir	ng Ave.	113 🖂 💮 📉
M	21 e	Colesed		VORCED	June 13,1902	AGE (In years	II Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.
dan	Custed:	UPATION (Give kind of work it working life, even il refired)	B. KIND OF BUSINESS	OR INDUSTRY	11. 8(RTHPLACE (State or lareign Balto. Md.	n country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	E	
		us Lucas			Nancy Posey		
15, (Ye	Was Decaased s, no ar unknown Yes	Ever in U. S. Armed Force	of service) SECURI	y №. 9–5470	Mildred Lucas	3027 Spa	aulding Ave.
	heort foilure, injury or com DISEASES C	nol mean the mode of dosthenio, etc. It means the application which coused dost the course of the co	ying, e.g., e diseose, eoth.l (B) y, giving	01	A CONSEQUENCE OF: A CONSEQUENCE OF:	de free	- 6-8 ms
CATION	TO THE DEAT	(CANT CONDITIONS CONT H BUT NOT RELATED TO THE ONDITION GIVEN IN PART TO	TERMINAL (A).	***************************************	***************************************		
ERTIFIC	DAL DATE OF	OPERATION 19B CONDI WAS PERFO	RMED TWEE	RATION	20A. AUTOPSY? (Yes or No)	208 IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
CALC	21 A. ACCIDEN OR CONTRIBU DEATH (notily	NT WAS UNDERLYING TING CAUSE OF medical exomined	21 B. PLACE OF home, form, fact etc.)	(NJURY (e.g., in lary, street, of	or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)
MEDI	21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)	Hour 21E INJURY OC While At Work	Nat While At Work	21F. HOW DID INJUI	RY OCCUR?	
	thot (1) (we)	that (1) (this hospital) of lost saw the deceased I from the couses stated	alive on 7 -	lar	19 2 2 ond that ew the body ofter death.		lon death occurred on the date
0	23A. SIGNATU	RE H Carlos	1.,	Atter	eding Med. St	reff .	23B, DATE SIGNED
	23C. PHYSICIA NAME (T)	N'S ype)		2	3D. ADDRESS 4432 Nacl	Agt IR	
24A	Burial CREA Burial	MATION, 24B. DATE	72 Mt. Cal		44	eation (Cir.	y, tawn, ar county! (State) Md.
25A	LAN 13	1972 Pale &	BANAME OF REGISTRA	nn	25C. FUNERAL DIRECTOR	ener alkha	ADDRESS IN

VS 150-REV. 1/1/68

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VS 150-REV. 1/1/68

BALTIMORE	CITY	HEALTH	DEPART	[MEN]

	21 3	131	100	-
REG. NO	7 Km	1,710	DG	

	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	185 (MID(30)		
3. PLACE IN BAILMOSE, MARIER PROPOUNCED DEAD TOTAL STATE TO THE MOSTIFLA OR INSTITUTION, GIVE STREET NOTHER OF THE MOSTI	(Type or Print)	4	2. DATE	AND HOUR OF DEATH			
FILE JAMES OF DEATH MARKED PICK ARE AMENDED STEET AND NUMBER AMENDED STEET AND NUMBER AMENDED STEET AND NUMBER AMENDED STEET AND NUMBER AMENDED STEET AND NUMBER AMENDED STEET AND NUMBER AMENDED STEET AND NUMBER AMENDED STEET AND NUMBER AMENDED STEET AND NUMBER MARKED JOHN D. HAINEY	(Haney)			1 2 30			
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MERRIPORATE AMENDED STREET AND NUMBER AREA ARE ARCE MENDED STREET AND NUMBER AREA STREET AND NUMBER ARCHIVER STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES STREET AND NUMBER ARCHIVES AND STREET AND NUMBER ARCHIVES AND STREET AND NUMBER ARCHIVES AND STREET AND NUMBER ARCHIVES AND STREET AND NUMBER ARCHIVES AND STREET AND NUMBER ARCHIVES AND STREET AND ST	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	MARYLAN	O	1509		
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TOTAL SCUMPTION CONTINUENT and event in striked) STEEL ERECTOR IS ARME LOVE THE HOLL WE WAS DECESSED IN U. S. Armed Forces? IS WORD DECESSED WE CONDITION DIRECTLY LEADING TO DEATH TOTAL COLORISON WHILE CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not income the mode of driving, e.g., then of striked in striked in the course double of streets; injury or complication which caused doubl. DISEASE OR CONDITIONS, if ony, giving rise to the above course (A) stoling the UNDERTING CONDITION Stoling in the UNDERTING CONDITION Stoling in the UNDERTING CONDITION Stoling in the UNDERTING CONDITION Stoling in the UNDERTING CONDITION STORY DISEASES OR CONDITIONS, if ony, giving rise to the above course (A) stoling the UNDERTING CONDITION Stoling in the UNDERTING CONDITION Stoling in the UNDERTING CONDITION Stoling in the UNDERTING CONDITION Stoling in the UNDERTING CONDITION Stoling in the UNDERTING CONDITION STORY STOLING CONDITION STORY S		DIVORCED	4/3/21	-	Min.		
TEND Memphis USA 12. PATHEYS NAME	done during most of working life, even if relired)	ISINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. A MOTHER'S MADEN NAME 14. MOTHER'S MADEN NAME 15. WEE DECREASE 15. WEE DECREASE 16. SOCIAL SECURITY NO. 25. 2-1.7536 A DMISSION CHAR'S QUANTITIES ADDRESS A DMISSION CHAR'S QUANTITIES A			TENN.	Manghi	USA		
S. Web Deceased Sweet in U. S. Armeel Foreast Security NO. S	13. FATHER'S NAME		14. MOTHER'S MAIDEN N				
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Section Sect	DISEASES OR CONDITIONS If any giving	(B)	0 0 0	Sulfi & MA	244		
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BALTIMORE	CITY	HEALTH	DEPARTME	NIT
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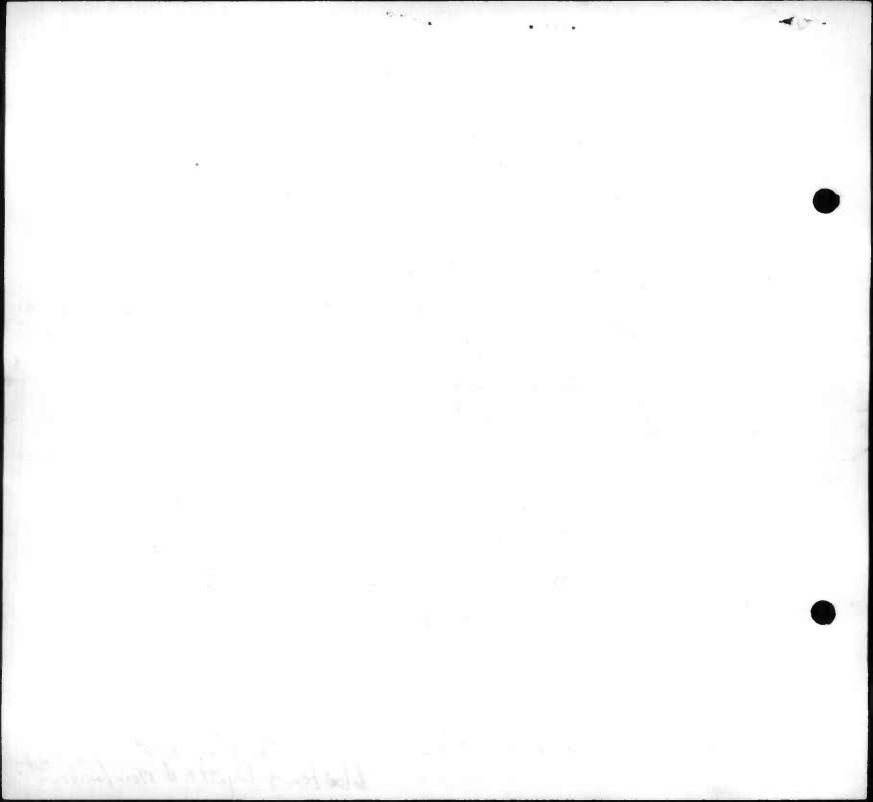
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BROWY.	0	1 119	7.2	1.45 PM
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If inst	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	L OR INSTITUTION, GIVE STREET	Maryland		1303
	lospital Complexx	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
	y Heights Ave.	Baltimore		YES NO
2 5 7	Maryland 21215	E. STREET AND NUMBER		
•		2519 McGulloh 3	Street	
5. SEX 6. RACE	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female Black	WIDOWED DIVORCED	2_8_20	51	Doy's Hours Willia
10A. USUAL OCCUPATION (Give kind of work done during most al working life, even if refired) None	IOB, KIND OF BUSINESS OR INDUSTRY	1). SIRTHPLACE (Slote or foreign	country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Calvin Mc Wain		Fredonia Mo		
			, na III	
5. Was Deceased Ever in U.S. Armed Forc Yes, no or unknown) (If yes, give wor or doles	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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18. 4/ × / ×	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
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OF INJURY	While At Not While	21F. HOW DID INJUR	r occur?	
(APPROX)	TOOK AT WORK	• 🗆		
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Kayman .]		Director L. Phy		1 10 72
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Burial 1-15-72	Mt. Auburn Cemet	ary Pal		
	58. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	timoe, Mary	
	est E. Faber N.D.	0 0 0	F 11 1701	ADDRESS
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and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	
23A. SIGNATURE 23B. DATE SIGNED	I
Duck Kee Lee Mo Attending Med. Staff & Jan. 12 -1872	
23G-PHYSICIAN'S 23D-ADDRESS	
Duck Kee Lee Mobers 3001 South Hanover St. Bast, Md. 21230	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D-LOCATION (City. town, of county) (Stote)	2
Durial 1-15-72 Mt. Huburn Balto ld	
258. NAME OF REGISTRAR 259. FUNERAL DIRECTOR ADDRESS	
VS 150-REV. 1/68 2 1972 Police E Falley 48 0 plate fon & Dyett F. H. 1701 - Knowen's	IÉ



BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print) EFFIE M. WILLIAMS	OF Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NATIONAL PROPERTY HOSPITAL OF INSTITUTION GIVE STREET HOSPITAL OF INSTITUTION GIVE STREET FOR FOR FOR FOR FOR	PRONOUNCED DEAD January 12, 1972 8:25 A.M. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
00 1603 Hilton Street	A. STATE Maryand B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro widowed M Divorced	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER
4-19-29 42	1603 Hilton Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Baltimore, Md. UNHALCOUNTRY?	Benjamin Rice
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	
	Hattie Rice
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 213-26-8815	18. INFORMANT ADDRESS
	Beverly Williams 1603 N. Hilton St.
-19. 7 9 8 0 1. O CAUSE OF DEA	RETWEEN ONSET AND DEATH
	sclerotic cardiovascular disease
LEADING TO DEATH	CAUSE
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., home, form, foctory, street, offic	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING CONTRIB- UTING CAUSE OF DEATH. home horm, foctory, street, office Home	l603 Hilton Street
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) 1-12-72 A. WHILE AT ONOT	WHILE Ingested barbiturate
23.	Tingested Darbiturate
I certify that I held on Inquiry Inspection X Au	topsy ond that on this basis, deoth in my opinion
resulted from: Netwol causes Accident Suicio	de Homicide Undetermined monner
1 11/1/	CHIEF MEDICAL EXAMINER
ACTUAL / LA MINU	AS SISTANT MEDICAL EXAMINER
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 1/12/72
NAME (Type)	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 1-15-72 B Mt. Aub	urn Cemetery Baltimore, Md. 25C. FUNERAL DIRECTOR ADDRESS
JAN 1 3 1972 Paleat Entales M.D.	Morton & Dyett Funeral Home 1701 Lurens S
VS 151-REV. 1/1/6B N 96 7	1000

1-17-72 - Form - Completion of cause of Death on a pending medical examiner death certificate. Ronald N. Kornblum, M.D.

HS

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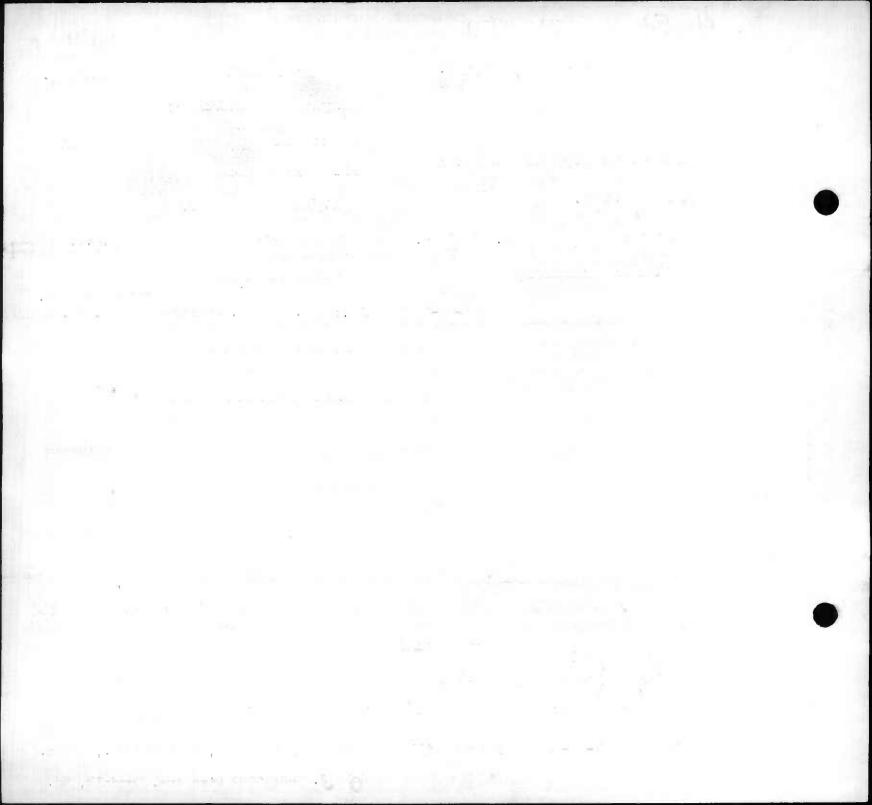
Althers, M.

H 630

			BALTIMORE CITY HE							
BIRTH NO.	g MED	DICAL	EXAMINER'S	CERTIFI	CATE	OF DEA	TH REG. NO)	10036	39
I. NAME OF DECEASED	Lillie H	oward		2. DATE OF	Known E	1	Day 11	Year 72	Hour 4:20	Δ
4. PLACE IN BALTIMORE,			NOUNCED DEAD	DEATH 3. DATE	Estimoted	Month	Doy	Yeor	Hour	м. м
FULL NAME OF (IF HOSPITAL AD OR INSTITUTION	PRONO	UNCED DEAL	1	11	72	4:20	A. M			
4 Ma	A. STATE	Maryla (Maryla	_	B. COUNTY	on: residence	belore adm	ission)			
6. SEX 7. RACI		B. MARRIE	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	CITY LIMITS?	1	
Female Nes	ro	WIDOWE			Baltin	nore	,	YES 🔽	No 🗆	
9. DATE OF BIRTH	IO.AGE (I	n years i	Under 1 Yr. II Under 24 Hrs. onths Days Hours Min.	E. STREET	AND NUMBE	R			No L	
3-15-1928 II. BIRTHPLACE (State or fo	reign country)	12	CITIZEN OF	I3. FATHER		Lakeview	Avenue			
Wilson, N.	C.		WHAT COUNTRY?		Zonnie	0,Neal				
one during most of working life	Give kind of work e, even #refired)	145. KIND C	PER BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN	NAME				
Presser		Johns	on Mfg. Co.		Viola	Jones		nue		
4. WAS DECEASED EVER Yes, no or unknown)(If yes, gt	IN U.S. ARMEI	of service)	17. SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS	-	
			213-43-3535		James	L. Howar	rd 240	7 Lake	view A	venu
19. F 965X	1		CAUSE OF DEA	TH					PPROXIMATE I	
DISEASE OR CO	NDITION DIRE	CTLY								
	TO DEATH		(A)IMMEDIATE C	AUSE Gur	shot wo	ounds of	abdomen	1		
(This does not mean heart failure, osthenia,	the mode of dy	ing, e.g.,	DUE TO, OR							
injury or complication	which coused de	olh.)								
ANTECEDE	NT CALLER									
	NT CAUSES	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
DISEASES OR CONE RISE TO THE ABOVE UNDERLYING CON	CAUSE (A) STA	TING THE								
Z ONDEKENNO CON	DITION LASI.		(c)							
Ĕ	11									
OTHER SIGNIFICANT TO THE DEATH BUT IN DISEASE OR CONDITION 20A. DATE OF OPERAT	NOT RELATED TO ON GIVEN IN P	THE TERMIN	AL							
20A. DATE OF OPERAT	10N 20B. CO	VDITION FO	R WHICH OPERATION WA	S PERFORA	NED			21. AUTO	PSY? (Yes	or No)
0 1									Yes	
22A. EXTERNAL CAU		22	B. PLACE OF INJURY (e.g., me, farm, factory, street, office	In or obout 2	2C. WHERE	OID (If In Baltim	ore City, give ex	act (ecation)	100	
UNDERLYING OR CO		ho		bldg., etc.) i	unknov		100	-07	3	
UTING CAUSE OF E	(Doy) (Year	(Hour)	Unknown 122E.INJURY OCCURRED			INJURY OC	CIIDS			
(ADDDOV)		, (,	WHILE AT NOT	WHILE -						
23. Unki	nown	m	WORK L AT W	ORK L	shot i	in abdom	en			
I certify that	i held on I	ngulry 🔲	Inspection Aut	opsy 🔽	and that	on this boots	, death in my	antatan		
	1.									
resulted from:	Motural cau	505 🗀	Accident Sulcid		micide		ined manner			
ACTUAL	11/1/2 /	1011	(1)			AL EXAMINER	CT-1		DATE SIG	NED
SIGNATURE	1 VV	VVI	M.D.	ASSI	STANT MEDIC	CAL EXAMINER				1120
EXAMINER'S NAME (Type)	Wern	er U.	Spitz, M.D.	ASSC	CIATE MEDIC	CAL EXAMINER			1-11-	72
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE		24C. NAME of CEMETERY	or CREMATO	RY 2	24D. LOCATIO	N (City, tow	n, or county) (St	ate)
Burial	1-15-7	2	Arbutus Memor	ial Pa	rk	Baltim	nore, Mar	yland		
SA. DATE REC'D BY HEALT			AE OF REGISTRAR		UNERAL DIR			ADDRESS		
JAN 1 3 10	72 20	A.C. Z					neral Ho		01 Lau	
S 151-REV, 1/1/68	- June	The Miles	COLUMN TO THE PARTY OF THE PART	-		-1				St
/4	879	/				4				

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	9-65	2 7	2 01	137	BALTIMORE CITY CERTIFICA			× REG. N	10	70 OI	12:20	
	RTH NO.	EASED			<u> </u>			ND HOUR OF E			1102.4 124	
	pe or Print)	ARMSTR	ONG.	Edd	garS.			11/72	PEATH		1:50	~
3.	PLACE IN BAL	TIMORE MARYLAND,				4. USUAL RESII		ere deceased live	ed. If inst			P. M.
FL	LL NAME OF	(IF NOT IN HOSPI	TAL OR IN	ISTITUT	TON, GIVE STREET	Maryl	and	Balti	more	3	5	300
IN	STITUTION	ADDRESS OR LOC	ATION)			C. CITY OR TOW	N Edge	emere	D. INSID	E CITY LIMITS	?	
_						Balti	more	JIIICI C		YES 🗌	NOT	X
4	The	Johns Hopk	ins H	lost	oital	E. STREET AND						
	SEX							Road				
30	Male	Cauc.	MARI	RIEDA	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In year last birthday)	18	If Under 1 Y Months: Doy	4 If Un	der 24 Hrs.
100			WIDO		DIVORCED	12/17/	12		59			
do	e during most of	UPATION (Give kind of wor working life, even it retired)	KIOB, KIN	D OF B	USINESS OR INDUSTRY	11. BIRTHPLACE	(State or for	eign country)		12. CITIZEN	OF WHAT	COUNTRY?
	Machir		Bet	h. S	Steel Co.	Penns	ylvani	a		U	.S.A.	
13.	FATHER'S NA	ME				14. MOTHER'S	MAIDEN NA	ME				
	J	ames Armst	rong			Hel	en Ha	rtman				
15.	Was Deceased	Ever in U. S. Armed Fo	rces?	1	6. SOCIAL	17. INFORMANT				3310°	DRESS	Dal
	No	lar yes, give wor of both	C- 01 SCIV		SECURITY NO. 189-09-7851	Wife: Mr	s. Sar	a M. Arm	stror			
	18.444	2 X I			CAUSE OF DEAT	H					PROXIMATE	INTERVAL
		E OR CONDITION DE	RECTLY		Cardi	ovascul	ar Co.	llapse		SEI W	EEN ONSE	AND DEATH
	1	LEADING TO DEATH of mean the made of	duina		(A) IMMEDIATE CAL	SE						
	heart failure,	asthenia, etc. It means	the dise	ase,	DUE TO, OR AS	A CONSEQUENCE	OF:					
		plication which caused			Major	Vessel	Diss	ecting .	Aneu	rysm		
		ANTECEDENT CAUSES			(8)					-		
	DISEASES C	R CONDITIONS, if abave cause (A)	any, gi	ving	DUE TO, OR AS	A CONSEQUENCE	E OF:					
		CONDITION last.	alding	1110	(c) ASCVI)					6 hou	ırs
_		11										
0	OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTI	NG	Bowel	Necros	ic			_		
X	DISEASE OR C	<u>ONDITION GIVEN IN PAI</u>	RT 1 (A).								***********	
ERTIFICATION	DAL DATE OF	OPERATION 198. CON WAS PER	FORMED	OR WH	IICH OPERATION	20A. AUTOPS		O) 20B. IP YES, IN CERTIFYIN	WERE FIN	NDINGS CON	ISIDERED H?	
U	21 A. ACCIDEN	IT WAS UNDERLYING]	218, PL	ACE OF INJURY (e.g., in form, foctory, street, of	or obout 21 C. WI	HERE DID	(il to 8	oltimore (City, give exo	ct locotion)	
EDICAL	DEATH (notily	medical examined		elc.)	toning tociory, siees, or	ince biog., 1143 OKT	OC CO K					
000	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hous)	21 E. IN	JURY OCCURRED	21F. HO	W DID IN.	URY OCCUR?	_			
2	(APPROX.)			White Work	At Work	· 🗆						
	22. 1 certify	that M(this hospita) attend			1-//		· 70 ·		-11		117
		last fow the decease			/-//	19 72		19 <u>72</u> to nat In (1) (ou		on death as		19.22
		fram he causes sta			Martin Chian Chiannan			ici ili galay (co	i) opiiii	on death de	corred g	n the date
1	23A. SIGNATU	RE C			ALLE COLO. MERCENIA A	iew the body di	ter death.		la	38, DATE SIG	NED	
	6/1	12/	`	(1	After	nding Me	d. [Staff KX		1/11		
	23C. PHYSICIA	igh your	ein		DEGREE Phys	. L Dir	ector 📖	Phys.		-/	-/ / 2	
	NAME (T)	Hugh Robin	eon		1		TT.					
244	BURIAL CPE			2 MACC	M.D.			opkins H				
-		MATION, 248. DATE			LE OF CEMETERY OF CRE		24D. L	OCATION	(City,	town, or cou	nty)	(Stote)
25.4	Burial	1-14-7			lward Hill Ce			caster,L	ancas	ster Co	. , Pe	nna.
25A	JAN 1.	1972 Robert			REGISTRAR	John J.		7922 Wis	o A		DDRESS	MA
1/6	160 061/ 1/1/	2	7	-5-5-6		1	Hund?	1766 WIS	e Ave	. Dund	arrive	PICL .

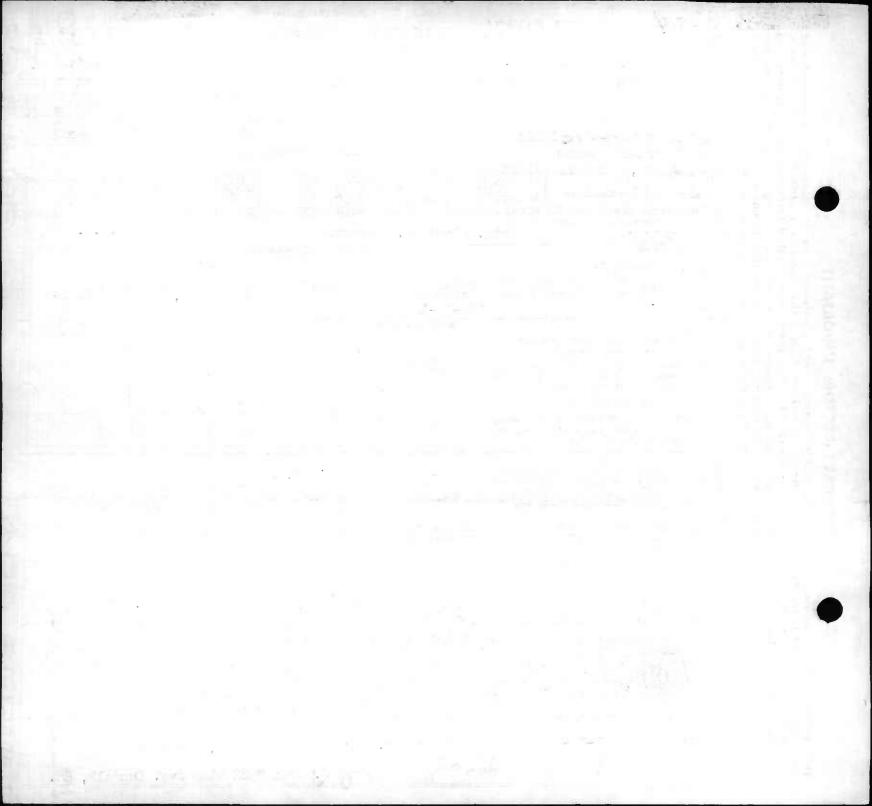


in-ii dbw

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	3-514	72	0037	p	HEALTH DEPARTMENT	REG. NO	50 00004
1.	REH NO. NAME OF DECE ype of Print)	Benefield,	Joe A.	CERTIFICA	2. DATE	AND HOUR OF DEATH	7:30 p.
3	PLACE IN BALT	IMORE, MARYLAND, W		IINCED DEAD	1/8		stitution: residence before admission)
F	ULL NAME OF OSPITAL OR ISTITUTION			UTION, GIVE STREET	Maryland	Baltimore	5300
11		e City Hespi			C.CITY OR TOWN Dun	dalk 21222 D. INSI	VES NO X
I		tern Avenue	Cais		E. STREET AND NUMBER		YES NO X
	Ral+imor	e Maryland	21224		33 Watervie	w Road	
	Male	Caucasian	WIDOWED		8. DATE OF BIRTH 9/16/13	9. AGE (In years lost birthday) 58	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		orking life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lo Georgia	preign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAM	E			14. MOTHER'S MAIDEN N	AME	
	Louis Be					Josie Ho	olland
15.	Wos Deceased es, no or unknown)	Ever in U. S. Armed For- ill yes, give war or date	ces? a of service)	16. SOCIAL SECURITY NO. 216-10-1289	17. INFORMANT BCH - Records	4940 Easter Baltimore,	Maryland 21224
ERTIFICATION	(This does no heart failure, a injury or comp DISEASES OF rise to the UNDERLYING OTHER SIGNIFK TO THE DEATH DISEASE OR CO 19A-DATE OF CO	t mean the mode of sthenic, etc. It means the mode of sthenic, etc. It means lication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. CANTCONDITION SCOT BUT NOT RELATED TO THE NOT RELATED TO T	the disease, death.] any, giving stating the stating	(B) Med. (B) DUE NO. OF AS (C) L Ph	CONSEQUENCE OF:	deno carcin Pumany	MATURES CONSIDERED JSES OF DEATH?
CALC	OR CONTRIBUT DEATH (notily in	WAS UNDERLYING THE CAUSE OF medical examines	218, hom etc.)	PLACE OF INJURY (e.g., in e, lann, loctory, street, of	at about 21 C. WHERE DID	(If In Boltimore	e City, give exact location)
MEDI	21D. TIME OF INJURY (APPROX.)	Month! (Doy) (Year)		INJURY OCCURRED le At Not While At Work	21F. HOW DID IN	NURY OCCUR?	, ,
	that (1) (we) 1	hat (1) (this hospital) est sow the decease	attended ti	ne deceased from			1919
	23A. SIGNATUR 23C. PHYSICIAN NAME ITYP	elda.	Suffer Graff	Atter	ew the body after death ding Med. Director 3D, ADDRESS 4940 Eastern	sion to Pil22	238, DATE SIGNED
24	A. BURIAL CREM	ATION, 248, DATE	24C. NA	ME OF CEMETERY OF CRE	MATORY 24D.		y, town, at county) (State)
	Burial	1-13-72	Me	adowridge Mem	Park	Dorsey, Mary	land
25	A. DAYANT		PE VAN	REGISTRA	25C. FUNERAL DIRECTO	R	address e. Dundalk, Md.
VS	150-REV. 1/1/68					-/	



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

1	7	C COMPANY	BALTIMORE CITY	HEALTH DEPARTMENT		000000000000000000000000000000000000000
P	-650 72 1037	S STABOUR	CERTIFICA	TE OF DEATH	REG. NO	William Control of the Control of th
1. N.	H NO. AME OF DECEASED o of Frint) Eleanors	M. Brown		2, DATE AN	D HOUR OF DEATH	
3. P	LACE IN BALTIMORE, MARYLAND,	WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If i	institution: residence before admission)
FUL	L NAME OF DE NOT IN HOSP	TAL OR INSTITUT	ION, GIVE STREET	Maryland		2664
INS	SMTAL OR ADDRESS OR LOC	AllONI		C.CITY OR TOWN Baltimore	D. IN:	SIDE CITY LIMITS? YES NO NO
-	00 133 North Ja	nney Stre	eet	E. STREET AND NUMBER	33 North Ja	nney Street
5. S	ex 6.RACE Female White	7- MARRIED X	NEVER MARRIED DIVORCED	S. DATE OF BIRTH July 18, 1904	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	USUAL OCCUPATION (Give kind of word with the country of working life, even if refined to the country of the cou		USINESS OR INDUSTRY	Maryland	gn countryl	U.S.A.
3. 1	Andrew J. Hall			14 MOTHER'S MAIDEN NAM Katie	Harris	
5. V Yes,	Was Deceased Ever in U. S. Armed F ,no or unknown) (If yes, give war or do NO		6 SOCIAL SECURITY NO. 218-18-9641		eroy K. Bro	
NOI	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO	any, giving stating the ONTRIBUTING	(E) DUE TO, OR AS	A CONSEQUENCE OF:		
4	DISEASE OR CONDITION GIVEN IN PA	RT I (A).	HICH OPERATION	20A-AUTOPSY3 (Yes of No.	208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
_	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218, P. home, etc.)	LACE OF INJURY le.g., i form, factory, street, of	n of about 21 C. WHERE DID	(If in Baltime	ore City, give exact location)
5	21D-TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)	(Hous) 21 & 11 While Work	At Not While	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (1) (this hospit that (1) (we) last sow the decea				19 <u>Z/</u> to at In(my) (out op	olnion death occurred on the date
	and haur and from the causes st	oted obove, (I)	Ather Phy	ending Med. Director	Staff Phys.	23R DATE SIGNED
	23C.PHYSICIAN'S NAME (Type) Donald H	Dembo, 1			nden Avenue ore, Maryla	1/
24A	Burial (Specify) 1/12	,	AE OF CEMETERY OF CR		Baltimore	City, town, or county) (State) , Maryland
25A	JAN 13 1972 Rad	258. NAME OF	F 14 2	John J. Duda		Ave. Dundalk, Md.

6/27 71 Treent

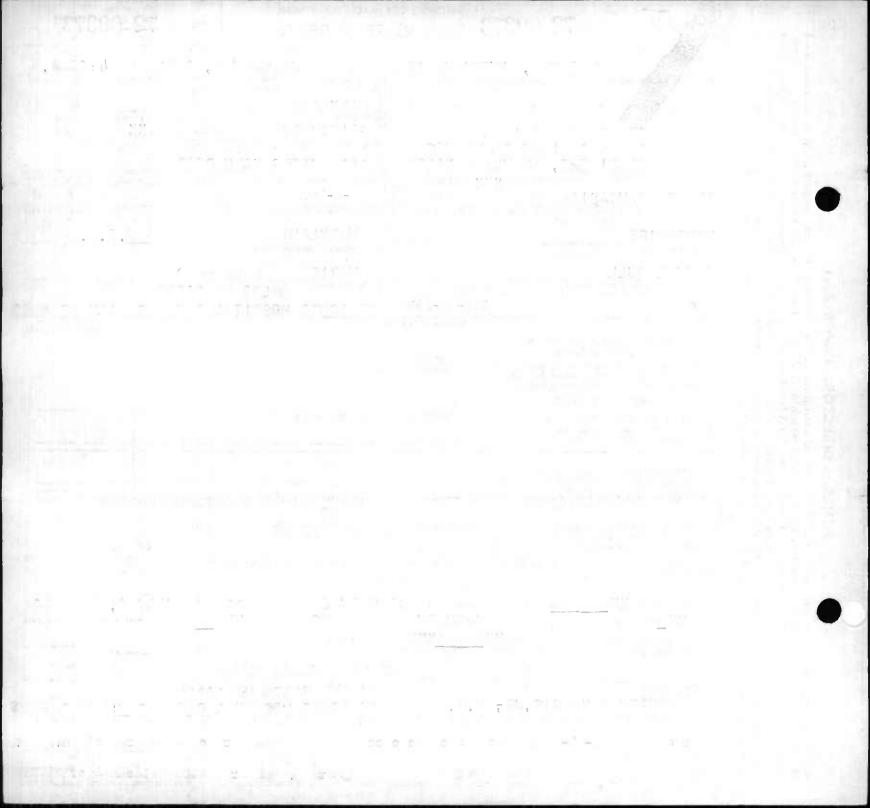
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a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/68

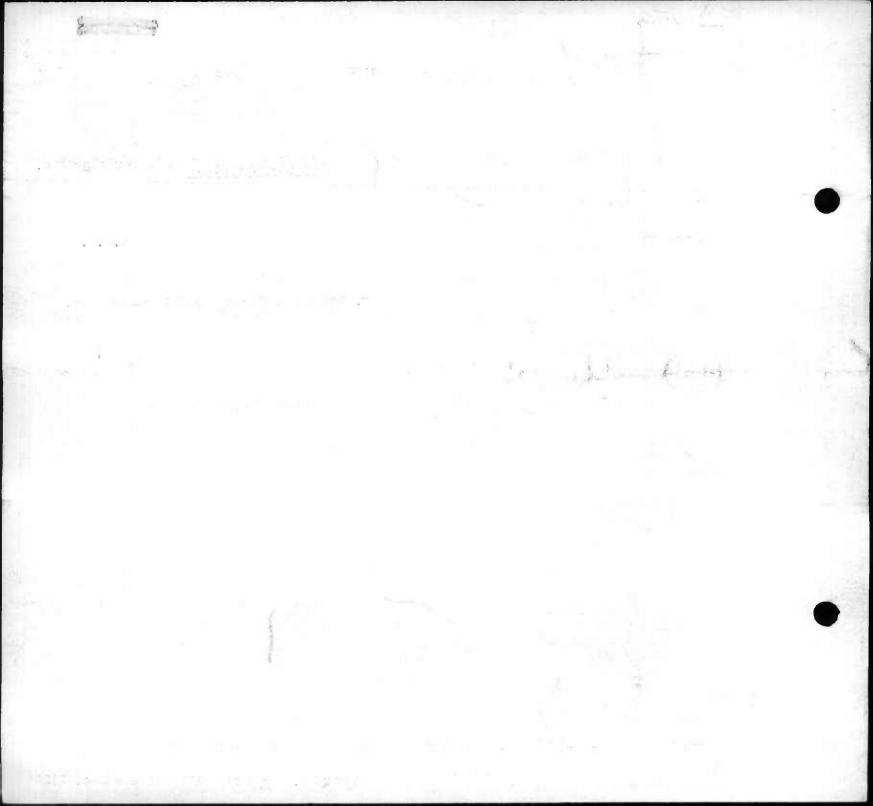
1/ ==		HEALTH DEPARTMENT	
H-100	CERTIFICA	TE OF DEATH REG. P	10
BIRTH NO.		12. DATE AND HOUR OF	DE 4 711
Type or Pont)	AN, BETTY MARIE	JANUARY 9,	1972 4:37 A. M
PLACE IN SALTIMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased liver a. STATE B. COUNTY	ed. Il institution: residence before admission)
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSIDE CITY LIMITS?
ST AGNES H	OSPITAL	BALTIMORE	YES KK NO
4 CATON & WI	LKENS AVENUES	E. STREET AND NUMBER	
BALTIMORE,	MARYLAND 21229	2916 GEORGETOWN R	
EMALE CAUCASIAN	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3-3-1935 9. AGE (In year lost birthdoy) 36	Menths Days Hours Min.
A. USUAL OCCUPATION (Give kind of work	TOR KIND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
one during most of working life, even if refired) HOUSEWIFE		MARYLAND	U.S.A.
FATHER'S NAME		14 MOTHER'S MAIDEN NAME	1
SAMUEL BULL		MARIE (Unknow	in)
Wes Decessed Ever is U. S. Armed Fore	tes? 16 SOCIAL	TY TATEORAL ANTY	21229 ADDRESS
No No	220-30-5434		ZIZZ9 CATON & WILKENS AVI
DISEASE OR CONDITION DIE	CAUSE OF DEAT	•	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASES OR CONDITIONS, If rise to the above cause (A) UNDERLYING CONDITION last,	staling the (C)	a consequence of:	
O OTHER SIGNIFICANT CONDITIONS COID TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART OF THE PROPERTY OF	NTRIBUTING HE TERMINAL T 1 (A).		
19A-OATE OF OPERATION 19R CON WAS PERF	DITION FOR WHICH OPERATION ORMED	NO 20A AUTOPSYS (Yes or No.) 20B. IF YES, IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (a.g., home, form, factory, street, o	n or obout 21 C. WHERE DIO (II In line bidg. INJURY OCCUR?	Boltimore City, give exact location)
21D.TIME IMonth) IDoy) (Yeor) OF INJURY IAPPROX.)	(Houd 21E INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR?	
22. I certify that Nixthis hospital) attended the deceased from JA	NUARY 6 19 72 to_	JANUARY 9 19 72
that (() (we) last sow the decease	d alive an <u>IANUARY</u> ed abave.XIX (We) (did) XIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
ond hour and from the causes state	ed apave-MM (ue) (qiq) Vala/vet)	new the body after death.	238, DATE SIGNED
Longis a. Va	C C DL.	andling Med. Staff Director Phys.	1-9-7-2
23C.PHTSICIAN'S NAME (Type)	DEGREE 1.19	23D. ADDRESS BALTO MD 21	229
	AS, JR, M.D. DEGREE	ST AGNES HOSPITAL	CATON & WILKENS AVI
AA. BURIAL CREMATION, 24B, DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR		(City, town, or county) (State)
Buria1 1-12-19	972 Glen Haven Cemet	ery GlenBurnie	Anne Arundel Co., M
JAN 1 8 1972 (25.4)	1 66748 C C	0 7 7 1	4107 Wilkens Ave. 2122



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

1-250	2112 1112	BALTIMORE CIT	Y HEALTH DEPAR	TMENT	
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BIRTH NO.				2. DATE AND HOUR OF DEAT	72 (11)374
(Type or Print)	vey Mus	Marackal A	melia	LIBATE AND HOUR OF DEAT	1 9 12 P
3. PLACE IN BALTIMORE		1114 9111	4. USUAL RESID	ENCE (Where deceased lived, II	f institution; residence before admission
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INSTITUTION			C. CITY OR TOW	D. 11	NSIDE CITY LIMITS?
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VON	Jecoul	2	Y.X		503 Parksley Ave.
S. SEX 6. RACE	WIDO	RIED NEVER MARRIED DIVORCED	16/20-9	9. AGE (in years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
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13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME	U.S.A.
Geor		nid f	Caro	YN Brito	whach
15. Was Deceased Ever in U (Yas, no or unknown) (If yes, s	J.S. Armed Forces?	ice) 16. SOCIAL	17. INFORMANT	T C Dir T FO	ADDRESS
No	**************************************	220-40-392	Mr. Verno	n G. Disney, 534	
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OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	NG Case	grece.	left leg-	
TO THE DEATH BUT NO DISEASE OR CONDITION	I RELATED TO THE TERMI I GIVEN IN PART 1 (A).	NAL COOL	7		
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 194- DATE OF OPERATION / / 2 - 29-	ON 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY	(Yes or No) 208, IF YES, WER	E FINDINGS CONSIDERED
12-24-	GA	NGRENE (2) LEG	No	>	AUSES OF DEATH
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OF INJURY (Month)	1Doy) (Year) (Houd	21E INJURY OCCURRED	21F. HO	W DID INJURY OCCUR?	
(APPROX.)		While At Not Whil	0		
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		ed the deceased from		19 <u>7/10/</u> -	10 1972
		an 9:35 P.M 1-			pinian death occurred an the dote
	e causes stated above	e. (I) (We) (did) (did nat) v	lew the bady oft	er death.	
23A. SIGNATURE	11	16			23B, DATE SIGNED
	iero fine	DEGREE Phy	mding Med S. Dire		1-10-72
23C. PHYSICIAN'S NAME (Type)	AMIRO LI	DEGKEE	23D. ADDRESS	SECOURS A	thonital.
/~.		C. NAME of CEMETERY OF CR	EMATORY	70-	City, fown, or county! (Stote)
Buria1	1-14-1972	Loudon Park Cem	eterv	Baltimore, Ma	
25A. DATE REC'D BY HEAL		ME OF REGISTRAR	25C. FUNERAL		ADDRESS
JAN 1 3 1972	Value E. Va				Wilkens Ave. 21229
/S 150-REV. 1/1/68					



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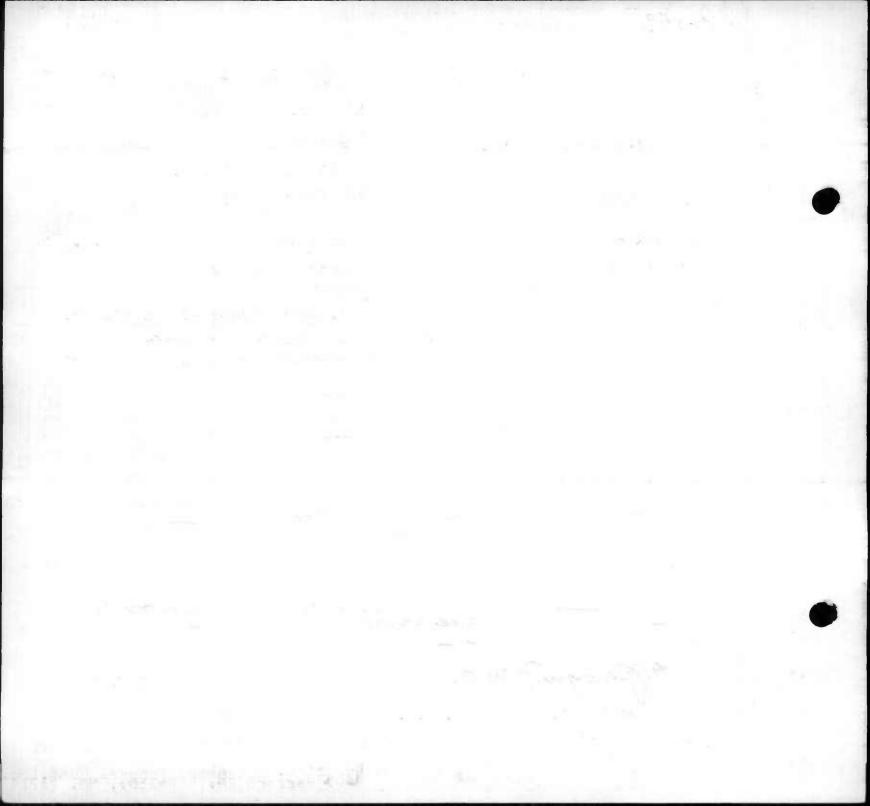
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VS 150-REV. 1/1/68

D.O.A.

Mas

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ISABEL V. BRENT 1/8/72 0 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) B. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND HOSPITAL OR C, CITY OR TOWN INSTITUTION D. INSIDE CITY LIMITS? BALTIMORE YESXX NO 6108 MARIETTA AVE. E. STREET AND NUMBER 6108 MARIETTA AVE. 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Il Under 1 Yr. Il Un Manths Days Haurs Il Under 24 Hrs. last birthday) 3/15/1906 F. WHITE WIDOWEDKX DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or larging country) 12. CITIZEN OF WHAT COUNTRY? dane during most al working life, even it retired) Housewife Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dominic Amarose Gertrude Kremer 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war or dates of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. No Mrs. Betty Krebs -5 Farwell Ct. 18. CAUSE OF DEATH APPROXIMATE INTERVAL is reduration e.V. disease BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Countin Failure LEADING TO DEATH Gruss. (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart lailure, asthenia, etc. It means the disease, injury or complication which coused douth.) ANTECEDENT CAUSES (8)______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, it ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last (c). 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED CERTIFI IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, loctary, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) DEATH (notify medical examined) etc.) MEDI 21D. TIME (Month) (Day) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from Dury. Del that (1) (we) lost sow the deceased olive on_ .19 ond that in (my) (ovr) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did nat) view the bady after death. 23A. SIGNATURE a e 23B. DATE SIGNED Attending 🔀 Med. Director pproval 1/8/72 23C. PHYSICIAN 23D. ADDRESS NAME (Type GEORGE J. SAWYER JR. M. DEGREE 4808 HARFORD ROAD 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specily) (State) Burial 1/12/72 Gardens of Faith Baltimore Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS
ROBERT C. Altenburg Funeral Home
6009 Harford Rd. - Balto. Md. 2



1	BALTIMORE CITY	HEALTH DEPARTMENT
	D-520 12 DO376 CERTIFICA	TE OF DEATH
and eath ase th th Sucl	I, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
de de con con con con con con con con con con	(Type or Print) Anna May Wink	January 8, 1972 6 30 P M.
of dea Of dea Deceas te on t	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) A. STATE B. COUNTY
Se Se na de de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland 2/55
o de co	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
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Pin a cin.	70 The Wesley Home, Inc.	
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	William Burkins	Lydia Kohler
ath ath	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
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od od	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of Not) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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the liny nexce	22. I certify that (I) (this hospital) attended the deceased from	23 September 1960 to a farmary 1972.
00000	that (1) (we) last saw the deceased olive on Januar	19 72 ond that in(my) (our) opinian death occurred an the date
00	and haur and from the couses stated above. (1) (We) (did) (did nat) v	riew the body ofter deoth.
	23A. SIGNATURE	238, DATE SIGNED
must eleas ccide r hos to de	John W Damah proper	anding Med. Shaff I Au 7 7
	23C.PHYSICIAN'S	23D. ADDRESS
An a An a prior	NAME (Type)	2/70 P D 2 1 P P P P P P P P P P P P P P P P P P
y was r y was r (1) An a).A. at d prior	Dr. John W. Barnaby DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE 24C. NAME OF CR	1652 E. Belvedere Avenue, Baltimore, Md. EMATORY [240. LOCATION (City, town, or county) (Stotel
F D	REMOVAL (Specify)	
- 5 10 0 +	Burial 11 Jan. 72 Mt. Pleasant Cem 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	etery Stewartstown, Pennsylvania
This ce the bo shows was D deceas	JAN 1 3 1972 24 4 3 34 7 4 8 0	O FORGO FOR A H Bolt:

1972 an deoth occurred an the date 238, DATE SIGNED Baltimore, Md. town, or county) (Sto Pennsylvania ADDRESS 25C. FUNERAL DIRECTOR 2SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR Baltimore, Maryland VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death.) and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

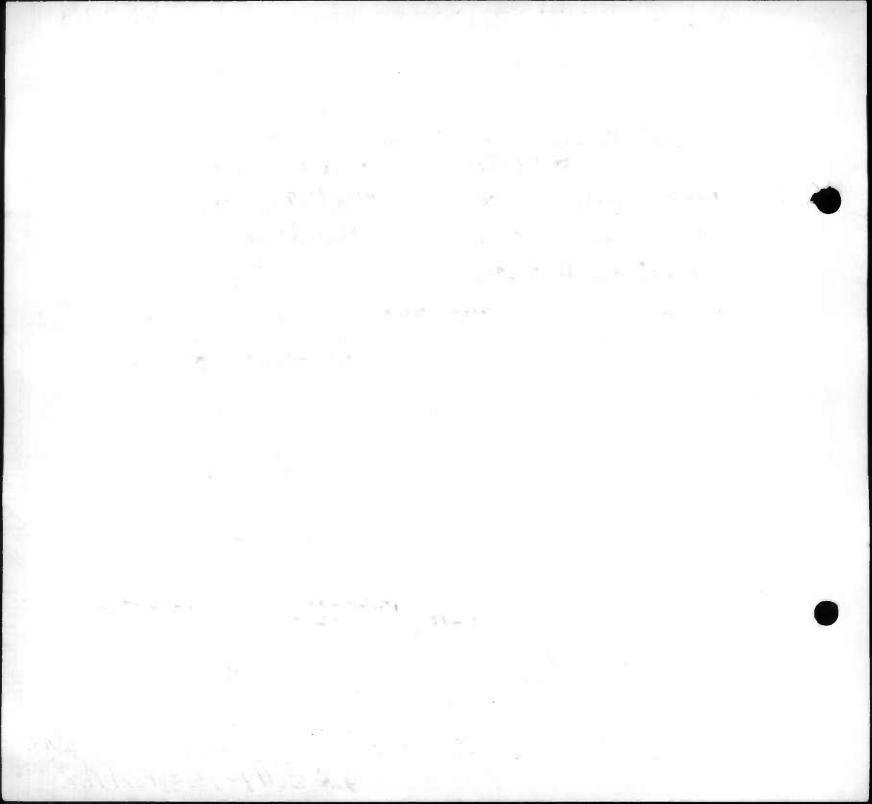
	11 -03	70 000	- 143	BALTIMORE CITY	HEALTH DEPARTMENT		an name
1	7-520	700 UUS	7 3	CERTIFICA	TE OF DEATH	REG. NO	AS CHOSEK
1, 1	NAME OF DECEA	SED				AND HOUR OF DEAT	и
(Ty	pe ar Print)	MAR	GARET	V. HAINES	2. DATE	1-8/72	3 22 PM M
3.	PLACE IN BALTIA	HORE MARYLAND,	WHERE PRONO	UNCED DEAD	A. STATE B. CO	Where deceased lived. If	institution: residence before admission)
FL	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	MARYLAND 306		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?					
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	JOHN HOPP	CIND HOSPIII	A.L.			TNUT AVE	
5.	SEX 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
L	FEMALE	WHITE	WIDOWED		08/20/11	60	Monins Doys Hours Min.
da	Word OCCUPA to during most of wor	ATION (Give kind of wor king life, even if retired)	10B, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote at	fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
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13.	FATHER'S NAME				14 MOTHER'S MAIDEN	MAME	
1	Atkins				HAINES.	GRACE	
(Ye	s, no or unknown) lif	er in U. S. Armed Fe yes, give war or dat	rees? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	No			212 03 2861	Albert H. Ha	ines, Sr.	Same
	18.394	7 7 1	AFAM W	CAUSE OF DEAT		2 2 1 22 2 - 2 -	BETWEEN ONSET AND DEATH
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	(This does not	mean the mode of thenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	ourpur.	9
	injury or compli	cotion which caused	death.)				
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		ire to the show some (A) station the		A CONSEQUENCE OF:			
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z	OTHER CLOSUES	11	A LITRIBUTION OF				
ATION	TO THE DEATH E	ANT CONDITIONS CO BUT NOT RELATED TO T IDITION GIVEN IN PAI	HE TERMINAL	**************			***************************************
U	19A-DATE OF O	PERATION 198 CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY! (Yes or	No. 208, IF YES, WER	E FINDINGS CONSIDERED
CERTIF	/ /- 6/7	17	MITRA	L VALVE DISFA	38		
CAL	OR CONTRIBUTED	WAS UNDERLYING [NG CAUSE OF edical examiner)	hom etc.	ie, farm, factory, street, of	n or obout 21C, WHERE DIE fice bidg., INJURY OCCUR	(If in Baltim	are City, give exact location)
EDIC	21 D. TIME (A	Nonth) (Day) (Year)	(Haur) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
Z	(APPROX.)		Wh	ile At Not While	•		
	22. I certify the	at (1) (this hospita			JAN 6	_19 72_ta	7AN 8 10 72
		st saw the deceas		JAN 8	2-1		pinian death accurred an the date
	and have and fe	am the causes sta	ted above. (I	(We) (did) (did nat) v	lew the bady after deat		
	23A. SIGNATURE	111				,	23 B. DATE SIGNED
	1	g. Echh	Rusn	DEGREE Phys	nding Med. Director	Stoff Phys.	1-8/72
	23C.PHYSICIAN'S NAME (Type	F.E.EC	KHAUS	SER	23D. ADDRESS JOITN	s HOPKINS	HOSPITALS
24/	REMOVAL ISpen	TION, 248. DATE	24C. N.	DEGREE!	MATORY 24D	LOCATION I	City, town, or county) (State)
	Burial	12 Jan		keviww Cemeter		Carroll Count	ty, Maryland
254	JAN 13	HEALTH GEP)-	254 NAME	F REGISTRAR	25C. FUNERAL DIRECT	13	ADDRESS
Vs	150-REV. 1/1/68			13 ET. A.	Durgee TV	heral Home,	Baltimore, Md.
					waller	1 Hamila	

5855 Standing Ave

Attion, Chris w. HAZIBES BANCE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	3-650 72 00378 BALTIMORE CITY HEALTH DEPARTMENT 72 00378				
- 11	BIRTH NO.				
	1. NAME OF DECEASED (Type or Print) BROWN AGNUS 1/10/72-al-7-2017				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	South Sallimole General Ballimore YES NO				
	43 Hopital 1113 w. Hamburg St				
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 7/18/1895 Name of State of State of Birth on the state of Sta				
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)				
	13. FATHER'S NAME				
	William Hirsch 2 Host				
	15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.				
	Unknown 218-22-9189-6 dam, 4 - Sporte and 4				
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
I	LEADING TO DEATH				
	(This does not mean the mode at dying, e.g., heart failure, asthenia, etc. If means the disease, injury ar complication which coused death.)				
l	ANTECEDENT CAUSES				
I	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:				
	UNDERLYING CONDITION last. (C) COMPACETTES ASCVI)				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID.				
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) or CONTRIBUTING CAUSE OF Colory, street, office bidg., INJURY OCCUR?				
	21D. TIME (Month) [Doy) IYear) IHour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While The Not Work At Work				
	22. I certify that (I) (this hospital) attended the deceased from 12-9-71 19 to 1-10-79-19				
	that (1) (we) lost saw the deceased alive on 1 0 19 10 and that in (my) (our) apinian death accurred on the date				
I	and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.				
	100 8 Long stones				
	23C. PHYSICIAN'S NAME (Type) D. SUBBARA RAD 23D. ADDRESS				
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)				
	Barial 1-14-72 Batto Matt Batto, Md.				
	JAN 13 1972 Jan 2 258, NAME OF REGISTRAR 256, FUNERAL DIRECTOR 1 256, FORT HUR. 21231				
- 1	/S 150-REV. 1/1/68				



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/68

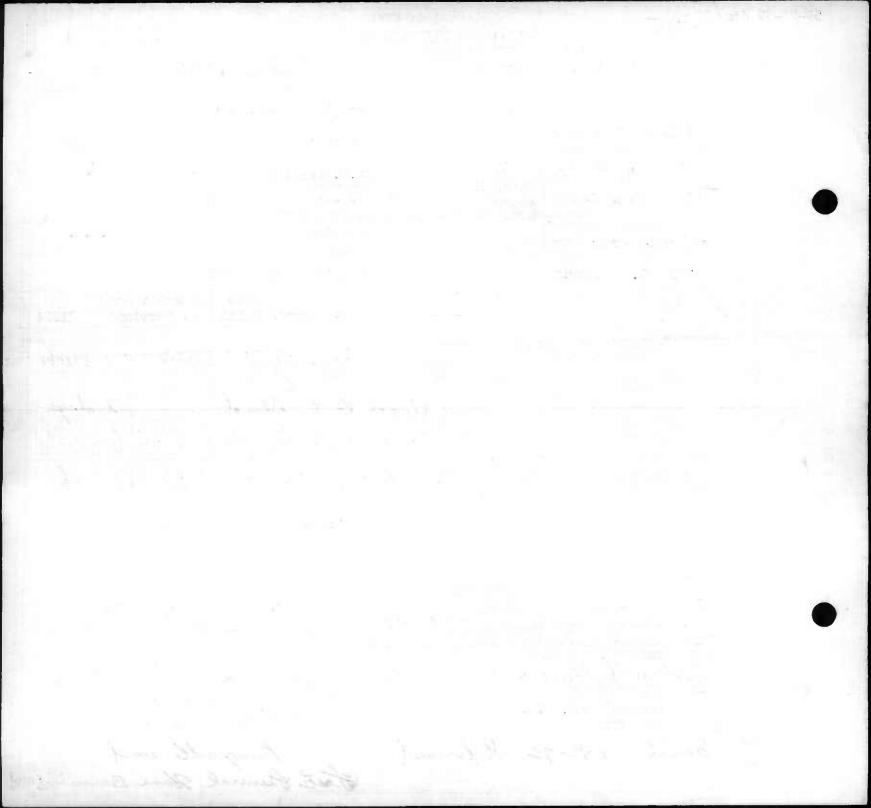
BIRTH	-530 No.72-0375	0000	TE OF DEATH	REG. NO.	72 00379 - #	
1. NA/	ME OF DECEASED	TE, MELSON JOHN		ID HOUR OF DEATH		
	OUIMETT	IE, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	JANU	IARY 10, 197	72 7:37 PM. ution: residence before odmission!	
FULL	NAME OF UP NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET ATION)	A. STATE B. COUN MARYLAND	re deceased lived. If institu	ution; residence before odmission!	
HOSPITAL OR ADDRESS OR LOCATION) ST. AGNES HOSPITAL		C. CITY OR TOWN D. INSIDE CITY LIMITS?				
4	12	CATON AVENUE	CROWNSVILLE	Y	ES NO XX	
	BALTIMORE,	, MARYLAND	SUMMERHILL			
11	ALE WHITE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	01-10-72		1 Under 1 Yr. If Under 24 His. Norths Doys Hours Min.	
done d	SUAL OCCUPATION (Give kind of work uring most of working life, even if refired)	TOR KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (State or fore	gn country)	2. CITIZEN OF WHAT COUNTRY?	
	NEANT	None	MARYLAND		U.S.A.	
13. FA	THER'S NAME		14. MOTHER'S MAIDEN NA	ME	0,5,7,	
T	HE OD ORE N. OUIME	TTF IR	SHARON E. (B	OUNED \		
15. Wo	s Deceased Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	OHIVER /	ADDRESS	
(Yes, no	orunknown) (If yes, give war or dote	s of service) SECURITY NO.	ST. AGNES HSO	BALTO	MD. 21229	
18.		CAUSE OF DEAT		TIPE WILKE	APPROXIMATE INTERVAL	
D nis	ant failure, asthenia, etc. It means jury ar camplication which caused ANTECEDENT CAUSES ISEASES OR CONDITIONS, if the lotter of the above cause (A) NDERLYING CONDITION last. II THER SIGNIFICANT CONDITIONS COINTERLATED TO THE	any, giving stating the (C)	ntie huma, PDA.			
ERTIFICATION 10 10 10 10	SEASE OR CONDITION GIVEN IN PAR A DATE OF OPERATION 178 CON WAS PERF	DITION FOR WHICH OPERATION	20A. AUTOPSY2 (Yes or No	208. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?	
44 Old A Comment Market					ity, give exact location)	
S OF	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work					
22. I certify that (I) (this hospital) attended the deceased fram JANUARY 10 1972 to JANUARY 10 1972 that (I) (we) last saw the deceased alive an JANUARY 10 1972 and that in (my) (aur) apinian death occurred on the date and haur and fram the causes stated above. (I) (We) (did) (did not) view the bady after death.						
	d haur ond fram the causes stat	red above. (i) (We) (did) (did not)	riew the bady after death.		O DATE COMES	
	Vlivan	1 10 A 1 3 1 C / S / I / S / C / S / I PL	ending Med.	Staff Phys.	1-11-72	
231	NAME (Type)		23D. ADDRESS		1000	
24A. 8	URIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CR	CATON & WILKE		0.1229 own, or county) (State)	
	Burial 1/13/7	2 Glen Haven Memo	rial Park Gl	en Burnie.	AA Md.	
25A. D		258, NAME OF RESISTRAR	25C. FUNERAL DIRECTOR	NOIL.	ADDRESS	
JA	N13 1972 Walley Co.	7 2 0 0		neral Home,	Glen Burnie, Md.	

provided all the city and a , and the second

59-81-57 lij

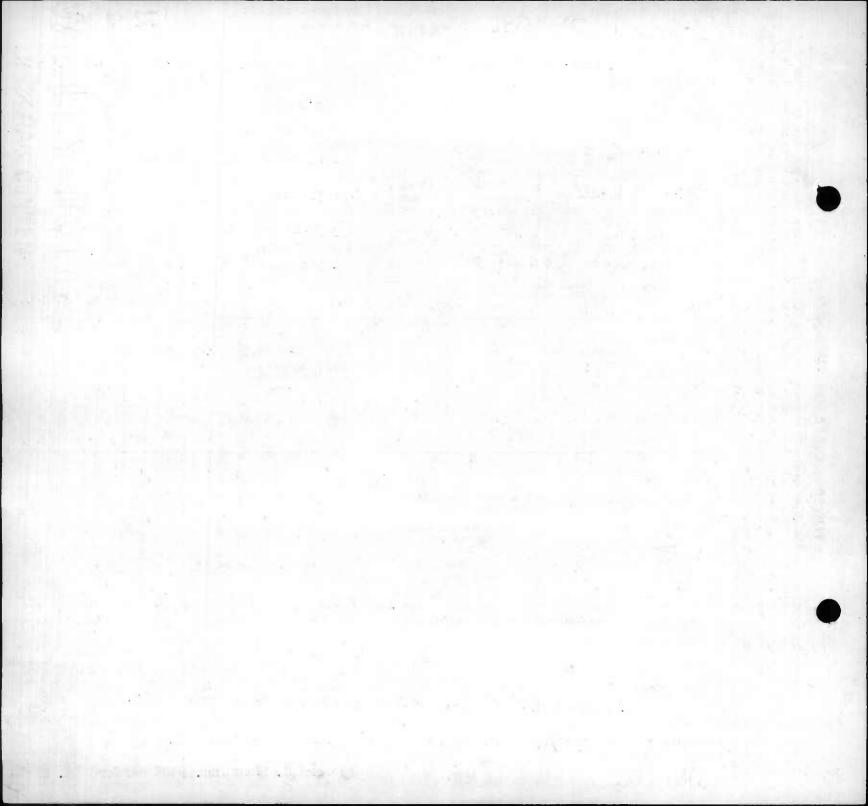
E	S-3/5 BIRTH NO. 72 00386		HEALTH DEPARTMENT	X	70 1	10380	
H	1.NAME OF DECEASED (Type or Print) Raymond Edward Stev		2. DATE	AND HOUR OF DEATH		7:15	Α.
- 110	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (V	Vhere deceased lived If in	stitution: res	sidence before ad	M.
	FULL NAME OF (IF NOT IN HOSPITAL OR INS		Maryland H	rederick		600	0
ı	Baltimore City Hospitals		C. CITY OR TOWN	D. INSI	DE CITY LIA	NO 🔀	
1	4940 Eastern Avenue		E. STREET AND NUMBER	?	163	NO M	
	Baltimore, Maryland 212	24	P.O. Box 126	21758			
	Male Caucasian WIDOW		2-2-04	9. AGE (In years	If Under Months	1 Yr. It Under Days Haurs	24 Hrs. Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND dane during most of working life, even if retired) retired— Iron Worker	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or Maryland	laroign country)	12. CITIZI	U.S.A.	OUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME			
	Harry L. Stevens		Carrie Ma	e Moss			
	5. Was Doceased Ever in U. S. Armod Forces? Yes, no ar unknown) (If yes, give wor or dates of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Eastern	Avent	ADDRESS	
	no	213-09-4401A	BCH: Records	Baltimore, M			24
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode al dying, e heart lailure, asthenia, etc. II means the disea	(A) IMMEDIATE CAU		gative Sepsis		APPROXIMATE INTERWEEN ONSET AN	ERVAL D DEATH
	injury or complication which caused death.) ANTECEDENT CAUSES	m Usne	es G. I. Bleed. 2 days				
	DISEASES OR CONDITIONS, if any, givinise to the above cause (A) stating I UNDERLYING CONDITION tast.	ng DUE TO, OR AS he (c) Acute	A CONSEQUENCE OF: C Myelomor	ocytic Lewho	rmia	6 mont	hs.
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	in Therove	Acute Div	erticulitis		I week	
	19A. DATE OF OPERATION 198. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., In name, form, foctory, street, all etc.)	or about 21 C. WHERE DID	(If in Baltimare	City, give	exact location)	
Ш	21D.TIME (Month) (Day) (Yearl (Haur)	While At Not While At Work	21F. HOW DID I	NJURY OCCUR?			
	22. I certify that (t) (this hospital) attended		9/20/7	19 to (19/	72 10	-
	that (1) (we) last sow the deceased alive o	1014	19and	that in (my) (aur) apin	lan death	accurred an ti	he date
	and hour and from the causes stated above	/ /					
	William P. Hunt M.		ding Med.	Stoff [238 DATE	0 100	1
	23C.PHYSICIAN'S	DEGREE Phys.	3D. ADDRESS	Phys.	1	1/1//	

William Baltimore City Hospitals Hunt, M.D. 4940 Avenue Baltimore, Maryland DEGREE 4940 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24D. LOCATION (City, town, or county) -/2 DEPT. 258 NAME OF REGISTRAR 25A. DATE 3 19 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

/	7	A	most	BALTIMORE CITY	HEALTH DEPARTMENT		72 00361
BIK	TH NO.		0381	CERTIFICA	TE OF DEATH	REG. NO	ANC CHURGT
1. N (Typ	AME OF DEC	TO SEPH	002	2UB0		NO HOUR OF DEATH	2 5.05 AM
		TIMORE, MARYLAND, V		UNCED DEAD	4. USUAL RESIDENCE (Whe		nstitution: residence before admission)
FUI	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	TUTION, GIVE STREET	Maryland	10 1010	2133
INS	SPITAL OR		1.0		Ballimoz		YES NO NO
0	2904	dilinou	100E		E. STREET AND NUMBER	Ilsa Av	2
5. S	Male	6. RACE White	7. MARRIED WIDOWED		Sept. 12, 1899	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	during most of	UPATION (Give kind of working tife, even if retired)	k 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NA	MAF	224	60	14. MOTHER'S MAIDEN NA		20
		Ever in U. S. Armed Fo (If yes, give wor or dot		1 6. SOCIAL SECURITY NO. 215050323	17. INFORMANT	506	Park Ave, Towson
	DISEASES Crise to the	asthenia, etc. It means inplication which caused ANTECEDENT CAUSE: DR CONDITIONS, if e obave couse (A) G CONDITION lost.	d death,) S ony, giving	(B) CO 20 DUE TO, OR AS	A CONSEQUENCE OF:	uo sclero	2015
ATION	TO THE DEAT	ICANT CONDITIONS CO	THE TERMINAL RT 1 (A).		l effusion		
ERTIFIC	19A. DATE OF	OPERATION 198. COI	NOTION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
AL C	OR CONTRIBL	NT WAS UNDERLYING [UTING CAUSE OF medical examiner)	21 hor	me, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	re City, give exoct locotion)
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	W	E. INJURY OCCURRED hite At Not While At Work		JURY OCCUR?	
		that (I) (this haspite last saw the deceas		the deceosed from Ju. Jew 11	77	19tahat in(my) (our) ap	94 11 19 72 inion death accurred an the date
	and hour and		ited above.	10-2	nding Med.	Shaff	238. DATE SIGNED Jey 12, 1972
	23C. PHYSICIA	IN'S (ype) SFRACT	an Tr	DEGREE Phy	23D. ADDRESS 5017 Hark	Phys. L	Baltine Md
24A	BURIAL CRE		24C. N	DEGREE	EMATORY 24D.	LOCATION (C	City, town, or county) (Stote)
	Buria 1	Specify) 1/15/7	72 Gar	dens of Faith	Cemetery Ba	ltimore Mary	rland
25A		BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	R	Address 05 Harford Rd. 2121
VS	150-REV. 1/1/	6B	7 700 67				



BALTIMORE CITY HEA	LTH DEPARTMENT
H-241 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH
BIRTH NO.	REG. NO.
	2. DATE Known Month Doy Yeor Hour
(Type or Print) KENNETH D. HASLUP Sr.	OF DEATH Estimoted
	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD January 11, 1972 4:30 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
00 2906 Rueckert Avenue	A. STATE Maryland B. COUNTY 2733
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED ☐ DIVORCED ☐	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthday) Months Days Hours Min.	
Jan. 3. 1928 (lost birthdoy) 44 (Months, Doys, Hours, Min.	2906 Rueckert Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland USA	George J. Haslup
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Warehouseman F.A. Davis Co.	Ruth Eckhardt
116. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (if yes, give wor or dotes of service) SECURITY NO. 217-22-025	3 Mrs. Patricia D. Haslup Same
19. CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY Hanging	
LEADING TO DEATH	
	S A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	S A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART I (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	S PERFORMED 21. AUTOPSY? (Yes or No)
	yes (Head-Only)
UNDERLYING ₩OR CONTRIB. home, farm, foctory, street, office	n or obout 22C. WHERE DID (if in Boltimore City, give exoct location) bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. Basement apar	tment 2906 Rueckert Avenue
OF INJURY	22F. HOW DID INJURY OCCUR?
(APPROX.) January 9-11.1972 ? m. WORK AT WO	Subject hanged himself
23. (Head- I certify that I held on Inquiry Inspection Aut	opsy 🗵 ond that on this basis, death In my opinian
resulted from: Notural causes Accident Suicide	■ Momicide Undetermined monner CHIEF MEDICAL EXAMINER
ACTUAL 1 / 1/1/1/	DATE SIGNED
SIGNATURE MD	
EXAMINER' Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY C	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Burial 1/14/72 Loudon Park 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Cemetery Baltimore Maryland [25C. FUNERAL DIRECTOR ADDRESS
IAN 1 A 1070 0 4 4 8 3 6 4 4	
OHN TA BIC MORE IN LEAST ME	Leonard J. Ruck Inc. 5305 Harford R
VS 151-REV. 1/1/68 / 9 4 4 5 6 6 11	1 4 4 4 4

the production of the control of the 1918 J. 1918 Control Course J. Herlun " terremented in a server and a server and a server and a 217-22-025) Mrs. Patricia b. Haslum Descri

Siriel 1/14/72 Loudon fork Cenetury Bultlmore Maryland

Application of the state of the

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	Pe or Print)	EASED					2. DATE AN	D HOUR OF DEAT	Н	
Ida NMN Wittgrefe							Janu	ary 12,10	972	10:15
3. 1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					A. STATE	B. COUN	e deceosed lived. If TY	institution: ie	esidence before odmi
	ILL NAME OF	(IF NOT	IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Mary			0	1743
INS	STITUTION	ADDRES.	OK LOCA	11014)		C. CITT OK I		D. IN	ISIDE CITY LI	
1						Balt	imore ND NUMBER		YES 😿	NO 🗌
9	Unio	n Memo	orial	Hospi	tal (D.O.		9 Morav	ia Rd		
5. \$	_	6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF E	BIRTH	AGE (In years	If Under	Doys Hours A
-	emale	Whit		WIDOWED		April	.19,189	81 81		
	USUAL OCCU			10B, KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State or foreign	gn country)	12. CITI	ZEN OF WHAT COL
don	Housev		nt in remired,			Maryl	and		U.	S.A.
13.	FATHER'S NAM	A E					S MAIDEN NAM	A E		
	T - 1	m Task				-	- 0 1			
15.	Wos Deceased	n Lack	Armed For	es?	1 6. SOCIAL	17. INFORMA	a Schot	7.5		ADDRESS
(Yes	Wos Deceosed s, no or unknown)	(If yes, give	wor or dote:		SECURITY NO.					
	No			2		25B Charl	es F Wi	ttgreie	5	Same
	1B. 4/1	0101			CAUSE OF E	DEATH	^			APPROXIMATE INTE
	DISEAS	E OR COND		ECTLY		acusto 1	dron a	ry Occli	1101	11.
	/This does a	LEADING TO		duine on	(A)IMMEDIAT	E CAUSE	2000100	y cara	OJOA	1 day
	(This does n	asthenia, etc.	. It means	the disease	DUE TO, O	R AS A CONSEQUEN	ICE OF:	V		V
	I INTUME OF COM									
		plication whi				11. +				-1,
		plication whi			(B)	Hyperter	sive C	V Dise	esi	almost ;
	DISEASES C	ANTECEDENT	CAUSES	death.)	(B)	Hyperter DR & CONSEQUE	SIVE C	V Dises	esi	almost ;
		ANTECEDENT R CONDITION B above co	ONS, if course (A)	death.)	(B)	Hyperten DR & CONSEQUE	SIVE C NCE OF:	V Dises	asi	almost;
	DISEASES Co	ANTECEDENT R CONDITION B Gbove CG CONDITION	ONS, if course (A)	death.)	(B)(DUE TO, C	Hyperten BR & CONSEQUE	NCE OF:	V Dises	esi	almost;
NO	DISEASES CONSE to the UNDERLYING	ANTECEDENT R CONDITION OF CONDI	ONS, if couse (A) N last.	death.) Try, giving stating the	(B)(DUE TO, C	Hyperten	NCE OF:	V Dises	esi	almost;
ATION	DISEASES Of the UNDERLYING	ANTECEDENT R CONDITION G GEONDITION ILL ICANT CONDITION H BUT NOT RE	ONS, if couse (A) N last.	death.) any, giving stating the NTRIBUTING TETERMINAL	(B) DUE TO, C	Hyperter	SIVE C	V Dises	est	almost;
FICATION	DISEASES Of itse to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C	ANTECEDENT R CONDITION G GLONDITION ICANT CONDITION H BUT NOT RE ONDITION GIV	CAUSES ONS, if Guse (A) N last. TIONS CON	death.) ony, giving stating the NTRIBUTING TERMINAL [1 (A). DITION FOR V	(B) DUE TO, C		7 SIVE C NCE OF:	20B. IF YES, WER	E FINDINGS	CONSIDERED
ERTIFICATION	DISEASES OF CONTROL OF THE DEAT DISEASE OF CONTROL OF THE DEAT DISEASE OF CONTROL OF THE DEAT OF THE DISEASE OF CONTROL OF THE DEAT DISEASE OF CONTROL OF THE DISEASE OF THE DISE	ANTECEDENT R CONDITION dove co CONDITION IL ICANT CONDITION H BUT NOT RE ONDITION GIV	T CAUSES ONS, if course (A) N last. TIONS CON	death.) ony, giving stating the NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR WORMED	(C)	20A. AUTC	DPSY? (Yes or No.)		E FINDINGS	CONSIDERED
. CERTIFICATION	DISEASES OF CONTROL OF THE DEAT DISEASE OF CONTROL OF THE DEAT DISEASE OF CONTROL OF THE DEAT OF THE DISEASE OF CONTROL OF THE DEAT DISEASE OF CONTROL OF THE DISEASE OF THE DISE	ANTECEDENT R CONDITION dove co CONDITION IL ICANT CONDITION H BUT NOT RE ONDITION GIV	T CAUSES ONS, if course (A) N last. TIONS CON	death.) ony, giving stating the NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR WORMED	(C)	20A. AUTC	DPSY? (Yes or No.)	208. IF YES, WER	E FINDINGS	CONSIDERED
CAL CERTIFICATION	DISEASES Of itse to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C	ANTECEDENT R CONDITIO C CONDITIO ICANT CONDI H BUT NOT RE ONDITION OPERATION IT WAS UND	T CAUSES ONS, if of guse (A) N last. TIONS COP LATED TO THE TO THE COPE WAS PERF	death.) ony, giving stating the NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR WORMED	(C)		DPSY? (Yes or No.)	208. IF YES, WER	E FINDINGS	CONSIDERED DEATH?
ICAL CER	DISEASES CONTROL OTHER SIGNIFTO THE DEAT DISEASE OR CONTRIBUDEATH (notily	ANTECEDENT R CONDITIO C CONDITIO ICANT CONDI H BUT NOT RE ONDITION OPERATION IT WAS UND	T CAUSES ONS, if of puse (A) N last. TIONS CON LATED TO THE VEN IN PART 19B. CONI WAS PERF ERLYING SE OF	death.) any, giving stating the NTRIBUTING HE TERMINAL 1 (A). DITION FOR V ORMED 218. hometc.)	(C)	20 A. AUTC	DPSY? (Yes or No.)	20B. IF YES, WER IN CERTIFYING C	E FINDINGS	CONSIDERED DEATH?
CAL CER	DISEASES OF THE CONTRIBUTION OF THE DEAT DISEASE OR CONTRIBUTION OF THE CONTRIBUTION O	ANTECEDENT R CONDITION G dove composition II ICANT CONDITION ICANT CONDITION OPERATION IT WAS UND TIME CAU medical exam	T CAUSES ONS, if of puse (A) N last. TIONS CON LATED TO THE VEN IN PART 19B. CONI WAS PERF ERLYING SE OF	death.) any, giving stating the NTRIBUTING HE TERMINAL (1 (A). DITION FOR WORMED 21B. hometc.) (Hour) 21E. While the state of the	VHICH OPERATION PLACE OF INJURY e, larm, loctory, stree INJURY OCCURRED	20 A. AUTC (e.g., in or obout 21 C. tet, office bidg., INJI While	DPSY? (Yes or No) WHERE DID JRY OCCUR?	20B. IF YES, WER IN CERTIFYING C	E FINDINGS	CONSIDERED DEATH?
MEDICAL CER	DISEASES OF THE CONTRIBUTION OF THE DEAT OF THE CONTRIBUTION OF TH	ANTECEDENT R CONDITION OF CONDITION II ICANT CONDI H BUT NOT RE ONDITION GIV OPERATION IT WAS UND TING CAU medical exam (Month) (Da	T CAUSES ONS, if of guse (A) N last. TIONS CON LATED TO THE VEN IN PART 19B. CON WAS PERF SERLYING SE OF niner) Oy) (Year)	death.) Dany, giving stating the STERMINAL TO (A). DITION FOR WORMED 218. hometc.) (Hour) 21E. Whi Wor	VHICH OPERATION PLACE OF INJURY: e, lorm, loctory, site INJURY OCCURRED R At	20 A. AUTO (e.g., in or obout 21 C. et, office bldg., INJU While	DPSY? (Yes or No) WHERE DID URY OCCUR?	208. IF YES, WER IN CERTIFYING C	E FINDINGS AUSES OF	CONSIDERED DEATH? e exact location}
MEDICAL CER	DISEASES OF CISE AS THE CONTROL OF THE DEAT DISEASE OR CONTRIBUTION OF THE CONTROL OF THE CONTRO	ANTECEDENT R CONDITION CONDITION CONDITION ILL CONDITION CON	T CAUSES ONS, if of guse (A) N last. TIONS CON LATED TO THE VEN IN PART 178. CONI WAS PERF DERLYING (Year) S hospital	ony, giving stating the NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR WORMED 21 B. hometc.) (Hour) 21 E. Whii Word	VHICH OPERATION PLACE OF INJURY e, larm, loctory, stree INJURY OCCURRED	20 A. AUTO (e.g., in or obout 21 C. et, office bldg., INJU While Work	DPSY? (Yes or No) WHERE DID JRY OCCUR? HOW DID INJU	208. IF YES, WER IN CERTIFYING CO	E FINDINGS AUSES OF	CONSIDERED DEATH? e exoct location)
MEDICAL CER	DISEASES OF THE CONTRIBUTION OF THE DEAT OF THE CONTRIBUTION OF TH	ANTECEDENT R CONDITION CONDITION CONDITION ILL CONDITION CON	T CAUSES ONS, if of guse (A) N last. TIONS CON LATED TO THE VEN IN PART 178. CONI WAS PERF DERLYING (Year) S hospital	ony, giving stating the NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR WORMED 21 B. hometc.) (Hour) 21 E. Whii Word	VHICH OPERATION PLACE OF INJURY: e, lorm, loctory, site INJURY OCCURRED R At	20 A. AUTO (e.g., in or obout 21 C. et, office bldg., INJU While Work	DPSY? (Yes or No) WHERE DID JRY OCCUR? HOW DID INJU	208. IF YES, WER IN CERTIFYING CO	E FINDINGS AUSES OF	CONSIDERED DEATH? e exoct locotion)
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MEDICAL CER	DISEASES CO rise to the UNDERLYING OTHER STGNIF TO THE DEAT DISEASE OR CO 19 A. DATE OF 21 A. A C CIDER OR CONTRIBU DEATH (notily) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour onc 23A. SIGNATU 23C. PHYSICIA NAME (T	ANTECEDENT R CONDITION G CONDITION ILLIANT CONDITION INCANT CONDITION OPERATION IT WAS UND IT W	T CAUSES ONS, if of guse (A) N last. TIONS CON LATED TO THE VEN IN PART 179B. CONIT WAS PERF SERLYING SEO F niner) oy) (Year) S hospital e decease ouses stat	Anny, giving stating the NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR WORMED 21 E. While Word of the dollve on	VHICH OPERATION PLACE OF INJURY INJURY OCCURRET At At A deceased from ///2) (We) (did) (did r	20A. AUTC [e.g., in or obout 21 C. e.g., office bldg., INJI 21F. While	DPSY? (Yes or No) WHERE DID JRY OCCUR? HOW DID INJU 1 7 2 and the After death. Med. Director	208. IF YES, WER IN CERTIFYING COUR? (If in Baltim URY OCCUR? 9 69 to // ot in (my) (our) o	E FINDINGS AUSES OF LOTE City, given by the control of the control	CONSIDERED DEATH? e exact location) 19.7 th accurred on the TE SIGNED
MEDICAL CER	DISEASES CO rise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C. 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notily) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour one 23A. SIGNATU 23C. PHYSICIA NAME (T. SAM	ANTECEDENT R CONDITION G CONDITION ILLIANT CONDITION INCANT CONDITION OPERATION IT WAS UND IT W	T CAUSES ONS, if couse (A) N last. TIONS CON LATED TO THE VEN IN PART TYPE. CONIT WAS PERF SEE OF S	on M.D	VHICH OPERATION PLACE OF INJURY, e, larm, loctory, sire INJURY OCCURRED At At At At At At At At At At At At At A	20A. AUTC 20A. AUTC 20A. AUTC 21F. While Work 21F. While 19 21F. While 21F. While 22F. While 23D. ADDRESS 23D. ADDRESS	DPSY? (Yes or No) WHERE DID URY OCCUR? HOW DID INJU 1.7.2. ond the v after death. Med. Director	208. IF YES, WER IN CERTIFYING COUR? (If in Baltim URY OCCUR? 9.69 to // ot in(my) (our) o	E FINDINGS LAUSES OF LORGE City, give	considered DEATH? e exact location 19.7 th accurred on the E signed 3/7.2 e, Maryla
MEDICAL CER	DISEASES CO rise to the UNDERLYING OTHER STGNIF TO THE DEAT DISEASE OR CO 19 A. DATE OF 21 A. A C CIDER OR CONTRIBU DEATH (notily) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour onc 23A. SIGNATU 23C. PHYSICIA NAME (T	ANTECEDENT R CONDITION C CONDITION ILLIANT CONDITION ICANT CONDITION	T CAUSES ONS, if couse (A) N last. TIONS CON LATED TO THE VEN IN PART TYPE. CONIT WAS PERF SEE OF S	on M.D	VHICH OPERATION PLACE OF INJURY OF INJURY OCCURRED INJURY OCCURRED Al Me deceased from /// 2) (We) (did) (did r	20A. AUTC 20A. AUTC 20A. AUTC 21F. While Work 21F. While 19 21F. While 21F. While 22F. While 23D. ADDRESS 23D. ADDRESS	DPSY? (Yes or No) WHERE DID URY OCCUR? HOW DID INJU 1.7.2. ond the v after death. Med. Director	208. IF YES, WER IN CERTIFYING COUR? (If in Baltim URY OCCUR? 9.69 to // ot in(my) (our) o	E FINDINGS AUSES OF LOTE City, given by the control of the control	considered DEATH? e exact location 19 7 th accurred on the E signed 3/7 2- e, Maryla

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	BALTIMORE CITY	HEALTH DEPARTMENT		or proper
FIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	£ 00384
1. NAME OF DECEASED	1-	2. DATE AN	D HOUR OF DEATH	2 -
(Type of Ant) HUR WILLARD	FRAMPTON	JANUI	9RY 7-1972	17 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STAJE B. COUN	e deceased lived, tf institution	n: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAND		2000
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CIT	
00		BALTIMORE	YES	X NO L
415 S. BENTALOU S		MISS REELT	PALACI ST	
5. SEX 6. RACE 7. MARR				nder 1 Yr., If Under 24 Hrs.
MALE WHITE WIDOW		Sem 12.1905	ast birthdoy) Man	hs Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINE		11. BIRTHPLACE (Stale or foreign	gn country) 12. (CITIZEN OF WHAT COUNTRY?
done during most of working lite, even if retired)	But a was A put a si	Cruzenvin	- MA	1)51
TANE UPERATOR LA	RYLANDURYDOCK	14. MOTHER'S MAIDEN NAM	AE L	1.0.1
Manual Farmer		1.01	ISTER	
15. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ISIEN	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	SISTER	3/6	787-8939
18. / / / /	CAUSE OF DEAT	SCENA LIL	ANCASTERKU	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE U monAFA	19 CA	165 1 40A
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUF TO OR AS	A CONSEQUENCE OF:		
injury ar complication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi- rise to the above cause (A) stoling	ving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)			
_ II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDIN	IGS CONSIDERED
1994. DATE OF OPERATION 198. CONDITION F WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If In Ballimore City,	give exact location)
d DEATH (notity medical examiner)	home, form, foctory, street, a	mice blog., INJORT OCCOR?		
O 21D. TIME (Manth) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S (APPROX.)	While At Not Whi			
22. I certify that (1) (this hyspital) attend		1	97/ta	17 1072
that (1) (we) last sow the deceased alive	. / /		,	leath occurred an the date
ond haur and from the couses stated abov	/	/	in many (our apimon)	Jedin occorred an The dore
23 SIGNATURE	e. (1) (we) (did) (day)	view the body offer deoffi.	VILLIAM SOR 23B.	DATE SIGNED
TON Illiams	300 III OL.	ending PROFESS	Short AL ARTS BI	M. D. 1/18/72
23.C. PHYSICIAN'S	// Defence	23D. ADDRES 50 BALT	IMORE NAMES	HLDING -
NAME (Type)		BALTI	MORE 28 MADY	AL PIKE
24A. BURIAL CREMATION 24B. DATE 24	DEGREE C. NAME of CEMETERY OF CR	EMATORY 24D. LO	WO, MARY	in, or county) (State)
REMOVAL (Specify)	anden D.	2 / 301	Factory	1 - M1
25A, DATE REC'D BY HEALTH DET. P. 25B NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	IREDERICK	ADDRESS OF
LALIA TUTO CAREE EL TORRE	A A TOTAL	DIRECTOR	1.1	AT.
DWILL BURE	7 0 0 0	O KATICE IN	WEDAL H.	-1216 S. CHARLES

415 S PENDARCU ST PHOSE BETTERED TO AND COLLECTING X SELECTED OF CRANGE CHESTORY MARY LANGUAGE CANTERVINE MO ARTHURA PRAMPERA LONG C. LISTER Liberton Phone L. Lawrence Survey Co. the state of the party of the state of the s

		BALTIMORE CITY	HEALTH DEPARTMENT				
BIR!	11-350	385 CERTIFICA	TE OF DEATH	REG. NO	72 00385		
1. N	AME OF DECEASED LOUISE MA	DDEN	1/11	HOUR OF DEATH	2:30 PM		
FUL	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)		4. USUAL RESIDENCY (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY (C. CITY OR TOWN D. INSIDE CITY LIMITS?				
0	200 4 BOONE ST.		E. STREET AND NUMBER	ps. st.	YES NO NO		
5. S	EX 6. RACE 7. MARR WIDOW	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
do		of Business or Industry	11. BIRTHPLACE (State of foreign)		12. CITIZEN OF WHAT COUNTRY		
	Chas, ROBITME		14. MOTHER'S MAIDEN NAME OF THE STATE OF THE	P	ADDRESS		
(Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dotes of servi	ce) 16. SOCIAL SECURITY NO.	Mouphelan	VENSTON			
	LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc., It means the dise injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give to the above couse (A) stating UNDERLYING CONDITION last.	(B)	A CONSEQUENCE OF:	turk sale	innina 3 duys		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL					
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY2 (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?		
AL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B. PLACE OF INJURY (e.g., inhome, form, factory, street, of etc.)	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltime	ore City, give exoct location)		
	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?			
	22. I certify that (I) (this hospital) attended the deceased fram 15.73 19 to 17.72 19 that (I) (we) lost saw the deceased alive on 19.72 ond that in(my) (our) opinion death occurred on the date and hour and from the causes stated obave. (I) (We) (did) (did not) view the body ofter death.						
		,			stillou deoth occorred on the da		
	ond hour ond from the couses stoted obay	e. (I) (We) (did) (did not) v	nding Med.	Staff Phys.	238, DATE SIGNED		
	ond hour ond from the couses stoted obay 23A. SIGNATURE (1) 20C. PHYSICIAN'S NAME (Type)	e. (1) (We) (did) (did not) v	nding Med. Director Director	Staff Phys.	23B, DATE SIGNED 1/12/72		
24A	ond hour ond from the couses stoted obay 23A. SIGNATURE TO THYSICIAN'S NAME (Type)	Atto Physics (I) (We) (did) (did not) very degree Physics (C. NAME of CEMETERY or CRI	nding Med. Director Director	Shoff Phys. OCATION (

TO THE SHAPE OF THE STATE OF TH X 6454N Z Person Trecourty Francisco 12 12 Chas Roberson Europe Members Venstor 2504 Venne Chamber Frank Hour 1901/11 - 190

H-120 BALTIMORE CITY HEALTH DEPARTMENT

BII	RTH NO.		MED	ICAL	. EX	AMINER'S	CERTIF	ICATE O	F DEA	TH REG. NO.	72	00.	88
1. NAME OF DECEASED (Type or Print) CONNIE LOUISE HORKEN HOBBS 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							2. DATE OF DEATH 3. DATE	Known 🔼 Estimated 🗆	Month Jan Month	uary 8, 1	Yeor 972	Hour 6:45	A _{M.}
FUL	L NAME OF			LORINS		NDED	PRONC	DUNCED DEAD	Janua	ry 8, 197	2	6:45	A _{M.}
D.	Universi	ty Hos	pital			1/25/12	In SIAIL	Maryland	1 /	B. COUNTY		660	20
6.	SEX	7. RACE		8. MARR	IED 🗌	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CI	TY LIMITS?		
F	emale	White		WIDOV	VED 🔲	DIVORCED [0xo	n Hill		V	s 🗆	по 🗆	
9. [DATE OF BIRTH	1	10. AGE (In	years	If Unde	er I Yr. II Under 24 Hrs.	E. STREET	AND NUMBER				.,,,	
	4-23-5	0	Tosi biringa	21	Munins	Doys Hours Min.	3923	Palmer R	Rd.				
11.	BIRTHPLACE (S		n country)		12. CIT	IZEN OF	13. FATHE						
	Maine				MA	JSA COUNTRY?	Tohn	Hutsko					
I4A			kind of work	48. KIND			115. MOTH	ER'S MAIDEN N	AMF				
not			en If retired)		C	SINESS OR INDUSTRY	Toon	a Dawler					
16.	BOOKKE WAS DECEASE	eper DEVERINI	IS APMED	D.C		ov't.	18. INFOR	a Parks			DDSSS		
Yes	, no or unknawn)	(If yes, give w	or or doles	service)"	SECURITY NO.	INFOR	MAINI		Ai	DDRESS	Abov	e
	10	4					Kenn	eth R.	Hobbs	, Husbai		ame a	
	FOLO	(1)				CAUSE OF DEA	TH					PROXIMATE IN	
		OR CONDI		TLY									
		EADING TO				(A)IMMEDIATE C	AUSE M	ultiple i	njuri	es			
	heart tailure,	osthenio, etc.	It meons the	diseose.		DUE TO, OR	AS A CONSE	QUENCE OF:					
	jujury or cam	plication which	h coused dea	th.)									
	AN	TECEDENT C	CAUSES			. /0\							
	DISEASES C	R CONDITIO	NS, IF ANY	GIVING		" (B) DUE TO, OR	AS A CONSE	QUENCE OF:					
	UNDERLYIN	ABOVE CAU	DN LAST.	ING THE									
ŏ,						(c)							
ERTIFICATION	TO THE DEA	IFICANT CON TH BUT NOT I CONDITION (RELATED TO	HE TERM	ING								
R					FOR WE	HICH OPERATION WA	S PERFORI	AED			21 AUTO	PSY? (Yes o	r No.
ပြ	0		1								1		, ,,,
7	22A. EXTERN	NAL CAUSE V	VAS		228. PLA	CE OF INITIPY/a a	In or shout	22C WHERE DID	/II t- D-let-	614		No	
MEDIC	UNDERLYING	OR CONT	RIB- TH.		UTS	CE OF INJURY(e.g., Irm, foctory, street, affice hway	6	OI 4141	rembre	HILL, Ma	feet e	ast	600
	OF INJURY `	manny (De	, (1eni)	1001		LEAT NOT	WHILE X	Passenger	in a	uto which	struc	k	
-	(APPROX.) 1-	-8-72	2:12	A	m. WOR	K L AT W	ORK X			o in rear			
	1 100	fy that I he	ld an In	quiry [] 1,	nspection 🔯 Aut	op sy	and that on	this basi	s, death In my	opinlan		
	resulte	ed fram: No	itural caus	es 🗌	Acci	dent X Suicid	• 🗆 H	omicide	Undeten	mined manner	7		
		00	0	0	7			CHIEF MEDICAL					
	ACTUAL	- (4	21/0-	J.	Of w	2 - 1		STANT MEDICAL		passag		DATE SIGN	IED
	SIGNATU		nus		-/-	mgare M.D.	•				1 0	70	
	NAME (Ty		rles S	- Sni	rine	ate, M.D.	ASSO	CIATE MEDICAL	EXAMINE	R 📙	1-8-	12	
24A	BURIAL CREM	ATION. 124		£ 59.		NAME of CEMETERY	or CREMATO	DRY 124D	LOCATIO	N (City town	or county)	15	-
REA	AOVAL (Specify	-	10.5	2	For	est Hills M	emoria	l Gardens		Ol Brandy	vine k	oad (Stot	*7
25.4	Buria DATE REC'D E	L L	-12-7			surrection			linto	on, P.G.	, Md.		
23 A	DAIE REC'D	HEALIH D				REGISTRAR	25C.	FUNERAL DIRECT	TOR Rob	ot E. WA	PRESS m	4308	
	AN 14 1	972	Bagt E	March.	Scan A.	5.2		neral H		Buitl			
'S I	51-REV. 1/1/68	/\/-			7	are to	0	000	1	land	Md	2.00.7	

Correction letter. BC CHEVELOS EL ANIENDED

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	-673	HEALTH DEPARTMENT	1 00257		
	DIKIN NO.	TE OF DEATH REG. NO.	= 111/0/07/		
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	6.05 P.M. 1-11-72 M. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence belove admission)			
	O	A. STATE B. COUNTY	residence beloie odmission)		
,	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D INSIDE CIT	703		
5	Sinai Hospital of Baltimore, Inc.	baltimore D. INSIDE CITY LIMITS?			
1		E. STREET AND NUMBER	A		
	Saltimore, Md. 21215	Belvedere Av. # 15			
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) Mont	nder 1 Yr. If Under 24 Hrs.		
	MA LE LANCACION WIDOWED DIVORCED DIVORC	1-29-(80)			
	done during most of working life, even if refired)		CITIZEN OF WHAT COUNTRY?		
	Not known Not known		Irs.A.		
	Not known,	14. MOTHER'S MAIDEN NAME			
		Not Known			
	11 65, NO OF UNKNOWNIJIT YES, GIVE WOL OF GOIES OF SERVICE! SECTIONTY NO	Medical record, Si	ADDRESS		
	O THE TOTAL OF THE TAIL OF THE		na, Hospital		
	The state of bear		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	AND THE STATE OF T	failure	10 200 6		
	(This does not meen the mode of dying, e.g., Theost bitue, astheria etc. It meens the disease	SE A CONSEQUENCE OF:	10 Minutes		
	heart failure, asthenia etc. It means the disease, introduction vales suited death)	1 0 1			
	DISEASES OR CONDITIONS, 16 N. Maring DUE TO, OR AS	is. & low resistance.	14 days.		
	DISEASES OR CONDITIONS AND MIGHING DUE TO, OR AS	A CONSEQUENCE OF:			
	UNDERLYING CONDITION lost (C) WOUN	1			
	2				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	Rhip with mailing.			
	U 194 DATE OF ORESATION 1198 CONDITION FOR WALCH OFFICE TON		GS CONSIDERED		
	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WELF FINDING IN GERTIFYING CAUSES O	F DEATH?		
	U 21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF INJURY (e.g., in lame, form, factory, street, affi	or obout 21 C. WHERE DID #5 to Pater City	give exect location)		
			9-05		
	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?			
	(APPROXI) RIVERING P. While At Work	De Luly Kell A	ux of wherechie		
	22. I certify that (1) (this hospital) attended the deceased fram	12-6-91 19 9/ to	1-111942		
	that (1) (we) last saw the deceased alive an	11977 and that in (my) (aur) apinion de	,		
	and have and from the causes stated abave. (1) (We) (did) (did not) vi	ew the bady after death.			
	23A-SIGNATURE	23 B. D.	ATE SIGNED		
	Physical Phy	ding Med. Stoff Phys.	-11-4W		
	23C. PHYSICIAN'S NAME (Type)	3D. ADDRESS			
	PRICHA PHATTIYAKUL, M.D. DEGREE	Sinai Hospital, Baltim	ore, Md x1216		
	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREATERY	MATORY 24D. LOCATION (City, town,	or county) (State)		
	Berial 1/15/72 Cedar Hil	Clan Bener	e, gred_		
	JAN 14 1972 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS		
	VS 150-REV. 1/1/68 //	3617	arean Azu,		

Adm. 11/2 2/21 to Hose in the Pines Prev. Address 801: Gorsuch AVE.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0	211			BALTIMORE CI	Y HEALTH DEPARTMEN	T	
BIRTH			72 003	SS CERTIFIC	ATE OF DEATH		
	OF DECEA!		EN CHARL	r.c		E AND HOUR OF DEAT	TH
					JA	NUARY 10, Where deceased lived, II	1972 12:13 A M
FULL	NAME OF			INSTITUTION, GIVE STREET	A STATE & C	OUNTY	2572
HOSPI	TAL OR UTION	ADDRESS	OR LOCATION)		C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?
ST	AGNES	НОСР	ITAL		BALTIMORE		YESY NO
4	. A	11031	1175		E. STREET AND NUMBI		
	9				1 2913 MALL	LEW ROAD	21230
5. SEX	-	CAUCA!	7- MA	RRIED NEVER MARRIED DIVORCED	10/23/90	9. AGE (In years last birthday)	If Under 1 Tr. II Under 24 Hrs. Months Days Hours Min.
				ND OF BUSINESS OR INDUST			12 CINZEN OF WHAT COUNTRY?
done de	uring most of worl	king life, even			MARYLAND		USA
13. FA1	THER'S NAME				14 MOTHER'S MAIDEN	NAME	
GE	ORGE BU	ITLED			/		
15 Wa	a Decement Fr	- la II S	Armed Forces?	16 SOCIAL	17. INFORMANT	DECORD IC DA	ADDRESS OF THE
YE	of unknown) (If	WW1	var or dales of se		T ACNEC	KE COKD 'S BA	LTIMORE MD 21229
18.		AAAA I		213 10 043	7 ST AGNES	HUSPITAL WI	ILKENS & CAT ON AVE
ATION	AN ISEASES OR ISEASES OR ISEASES OR ISEASES OR ISEASES OR ISEASE OR CON	CONDITION CONDITION CONDITION II ANT CONDITION SUT NOT REL POLITION GIVE PERATION	NS, If any, use (A) stating last. HONS CONTRIBUTED TO THE TERM EN IN PART 1 (A).	(C)	Leterio Science of: Leterio Science of: AS A CONSEQUENCE OF:		RE FINDINGS CONSIDERED CAUSES OF DEATH?
RTIF	5		WAS PERPORME	D	NO	IN CERTIFIING	CAUSES OF DEATH?
A OF	A. ACCIDENT R CONTRIBUTION EATH (natify me	WAS UNDE	RLYING DE OF	21 B PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg. INJURY OCCU	ID (If in Baltin	more City, give exact location)
S OF	D. TIME IN F INJURY PPROXI	Aonth) (De	y) (Year) (Heur	While At Work At Wo	hile 🗀	INJURY OCCUR?	
22	. I certify the	at (X) (this	haspital) atte	nded the deceased from J	ANUARY 9	19 72 tol	ANUARY 10, 19 72
th	at (1) (we) la	st saw the	deceased ally	e on JANUARY 10	, 19 72 on	d that In Kniff (our)	opinion death occurred on the date
		rom the ca	uses stated ab	one XIX(Me) (qiq) Kaix Xix	view the body after de	oth.	
23	A. SIGNATURE	/	>	7			238 DATE SIGNED
	1/	(112	ttending Med.	Staff Phys	01 10 00
	1.	1	enou	DEGREE P	hys. Director L		01-10-72
	C. PHTSICIANS NAME (Type	:)	IDES. M	D	23D. ADDRESS	BA	LTIMORE MD 21229
V	I CT OR	BENAV	IDES, M	DEGREE	23D. ADDRESS ST AGNES H	BA	1 = 1
24A.	NAME (Type / I CT OR JURIAL CREMA REMOVAL (Spe	BENAV	DATE	.D . DEGR. 24C. NAME of CEMETERY of	23D. ADDRESS ST AGNES H EREMATORY 24	BA OSPITAL WI	LTIMORE MD 21229 LKENS & CATON AVE (City, town, or county) (State)
24A. Bu	I CT OR	BENAV	13/1978	.D. 24C.NAME of CEMETERY of C Loudon Parame of REGISTRAR	23D. ADDRESS ST AGNES H CREMATORY 24 CK 25C. FUNERAL DIRECT	BA OSPITAL WI D. LOCATION Baltimore	LTIMORE MD 21229 LKENS & CATON AVE (City, town, or county) (Stote) Maryland ADDRESS
24A. Bu	NAME (Type / I CTOR	BENAV	13/1978	.D. 24C.NAME of CEMETERY of C	23D. ADDRESS ST AGNES H CREMATORY 24	BA OSPITAL WI D. LOCATION Baltimore	LTIMORE MD 21229 LKENS & CATON AVE (City, town, or county) (Stote) Maryland ADDRESS

Walter to the first terminal to the control of the

BALTIMORE CITY HEALTH DEPARTMENT

1-520	ME	DICAI	9	AMINER'S			DEAT	H REG. NO.	72	00389
BIRTH NO.	EASED				2. DATE	Known 🖺	44 41		V	lu.
(Type or Print)	Thomas K	anias			OF	Estimoted	Month 1	Doy 6	72	6:40 Day
4. PLACE IN BAL	TIMORE, MARYLAND,		RONOU	NCED DEAD	3. DATE	California Ci	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSE ADDRESS OR LO	TAL OR INS				UNCED DEAD	1	6	72	6:40 p _M
00	508 S. Ha	nover	St.		S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY				201	
6. SEX	7. RACE	8. MARI	RIED 🔲 I	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
male	White	WIDO	WED 🗌	DIVORCED 🖾	Balt	.O.		YE	s X	NO 🗆
P. Dec. 25.	lost birth	(In years 7 doy) 8	If Under Months	T 1 Yr. If Under 24 Hrs. Doys Hours Min.		ND NUMBER	over St	treet		
	tate or foreign country)	12. CITI	ZEN OF	13. FATHER					-
Bingham	ton, New Yo	rk		AT COUNTRY?	Theo	dore Kar	nias			
14A.USUAL OCCU	PATION (Give kind of wo	rk 14B. KINI						Tiese to		
Housepai	varking life, even if retire nt, er		ntin	g	Jenni	e Novobi]	ski			
16. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCE		SOCIAL SECURITY NO.	18. INFORM			A	DRESS	
No	(it yes, give wor at dor	es of service		89-18-2773	Mary	Fiato		Bir	nghamt	on, New Yor
19. DISEAS	E OR CONDITION DI	PECTIV		CAUSE OF DEA		ic cardio	vascul		BETW	PPROXIMATE INTERVAL VEEN ONSET AND DEATH
(This does n heart failure Injury or con DISEASES (RISE TO THE	LEADING TO DEATH of meon the mode of, osthenio, etc. It meons uplication which coused NTECEDENT CAUSES DR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST	the disease, death.) NY, GIVING TATING THE		(8)	AS A CONSEC					
TO THE DEADLE OR	IFICANT CONDITIONS ATH BUT NOT RELATED CONDITION GIVEN IN	TO THE TERM	AINAL							
S ZUA. DATE OF	OPERATION 208. C	ONDITION	FOR WE	TICH OPERATION W	VAS PERFORMED 21.				21. AUTC	PSY? (Yes or No)
	NAL CAUSE WAS		1228 DI A	CE OF INITIDY/o a	, in or about 22C. WHERE DID (If in Baltimore City, give exact loca					yes
O HNIDERIVING	OR CONTRIB-			rm, foctory, street, offic			fu in pourino	ire City, give exo	ci ioamon)	
	USE OF DEATH. (Month) (Doy) (Y	eor) (Hou	1		WHILE 2	2F. HOW DID IN	JURY OCC	UR?		
	er's Peter	Lipkov	X Acci	dent Suicio	ASSI ASSC	OMICIDE CHIEF MEDICAL STANT MEDICAL OCIATE MEDICAL	Undetermi EXAMINER EXAMINER	deoth In my	1/1	DATE SIGNED 7/72
REMOVAL (Special	(y)								, or county	
Burial				Calvary Cem				City E		New York
25A. DATE REC'D	A 1972 Pag			REGISTRAR	25C, 1	UNERAL DIRECT	ORY S	1324 N.		Street
VS 151-REV. 1/1/68		1 7	1	200	1) 0	000	1/1	пашра	0000	racer of account

.s.s troyens f. There Side II . Hereby Street The state of the s

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

4	BALTIMORE CITY	HEALTH DEPARTMENT		With Amban S				
7-655 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 (11390)				
Transpoor Print Freeman ; Clinton	8		2.71	000				
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (Whe	re deceased lived. If ins	stitution: residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	717 Roundvie	w Rd Hd	. 2552				
South Baltimore General F	La da Tal	Baltimose	D. INSI	YES NO NO				
Sank worther General	4 order con	E. STREET AND NUMBER		TES ES TROES				
13		717 Rounds						
Male Negro WIDOWED X	DIVORCED	12.23.1895	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?				
Retired		N.C.		U.S.A.				
SAM (Dec.)		Lizzie 1						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dotes of service)	SOCIAL	17. INFORMANT		ADDRESS				
No 71	7-12- \$732-A	Louise Baker (Srand claught	er in law. Same as				
18. 5/3/1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY		Land also	raid					
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	ISE liny about		one week				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	injury or complication which caused death.)							
ANTECEDENT CAUSES	(seril	cty-		14-1				
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************				
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) den	ility						
z II								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ee hel	. por post. Cherry	nc Charlecy	stity 6 Months.				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	20A. AUTOPSYT (Yes or No	20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?				
OR CONTRIBUTING CAUSE OF Cotc.) DEATH (notify medical examiner)	CE OF INJURY (e.g., in m., loctory, street, of	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)				
OF (NJURY (APPROX.) 21D-TIME (Month) (Doyl (Yeot) (Hout) 21E (NJURY (While At Work	Not While	21F. HOW DID INJ	URY OCCUR?					
22. I certify that (I) (this hospital) attended the de			97/ 10/4/	10 70				
that (1) (we) last sow the deceased alive on 8.3		22		ion death occurred on the date				
ond hour and from the causes stated above. (I) (We	e) (did) (did nat) v							
I. J. Sulmassi	M.Q. Atter	nding Med.	Staff Phys.	1. 12. 72				
23C. PHYSICIAN'S NAME (Type)	RA ()	23D. ADDRESS	, -	Ctemore ald 21230				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	OL CEMETERY OF CRE			town, or county) (Stale)				
Burial 1-15-72 Mi	. Owher	n Bo	eltimore,	Maryland				
25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REC	GISTRAR	25C. FUNERAL DIRECTOR	R.	ADDRESS				
JAN 1 4 1972 P. B. S. E. Faile Tres O . Glasles C. Free 661 W. Barre St.								

717 Houndyness Rd.

14.23 195 16

Winds 1775 & Love Bades Candelings The who

State " Trade Note To State No. 15 To State No

I Kilelman 140 G. G. Salmardia N.D. Ford S. Hanson of Boltom Rif 1988

Since 1-15-73 Mr. Geleve Suddieste Straylaide

1-12-71

Garage Chie cal de Burelie

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HE	ALTH DEPARTMENT
SIRTH NO. CERTIFICATE	OF DEATH
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) ROLLIN HENDRICHSON	USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MD 2543
HOSPITAL OR ADDRESS OR LOCATION)	D. INSIDE CITY LIMITS?
43	BALTIMORE YES NO
	STREET AND NUMBER
SOUTH BALTIMORE GENERAL HOSPITAL 12	324 HTLANTIC (TYE
I WARNED IX MEAST WARNED I	ATE OF BIRTH 9. AGE (in years II Under 1 Yr., II Under 24 Hrs., Months! Doys Hours Min.,
	-22-04 67
IDA USUAL OCCUPATION (Give kind of work IDB, KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	MARYLAND U.S. AMERICAN
13. FATHER'S NAME	MARY CAND U.S. AMERICAN MOTHER'S MAIDEN NAME
	HENRIETTA HARDY
15 Was Decorated Fury in 11. 5 Armed Forces 11.4 SOCIAL 117.	NFORMANT ADDRESS
	DELIA HENDRICKSON SAME
18. 250.81 CAUSE OF DEATH	Acute (1) Cerebral inferetion BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ACUTA (1) COLLEGATE INTERNATIONAL DEATH
	Pereson Vascourse Chinese I day
Il Ittilia nota tiot medit file mode of dittide arce	NSEQUENCE OF: 1) Esperalized artery-
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	NO, VE ARTEROSCIEROTIC SCHOL - YS,
	· · · · · · · · · · · · · · · · · · ·
ANTECEDENT CAUSES (B) CARDIO YA	SCULAR DESEASE ONSEQUENCE OF:
	ONSEQUENCE OF:
UNDERLYING CONDITION last.	s MELLITUS - BUYL.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING HEMATURIA	UNENOW ETICLOGY
S DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (o.g., in other conditions).	20A-AUTOPSY? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, factory, street, office etc.)	Pidge INJURY OCCURY
OF INJURY Not While At The Not While	215. HOW DID INJURY OCCUR?
E IAPPROXI	
22. I certify that (1) (this hospital) attended the deceased from	11-27 197/ 10 1-9 1972
that (1) (we) last saw the deceased alive on	19 72 and that In(my) (aur) opinion death occurred on the date
and hour and from the couses stated obove, (i) (We) (did) (did not) view	
23A. SIGNATURE	23B. DATE SIGNED
Etithelerslale DEGREE Phys.	Med. Stuff 1-9-72
DEGREE	ADDRESS
	OUTH BALTIMORE GENERAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA	OUTH BACTIMORE GENERAL GOSPITAL TORY 24D. LOCATION (City, town, or county) (State)
BURIAL 1-13-72 CARVER HEHOR	IAL PH. LAUREL, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
JAN 14 1972 12 12 12 12 12 12 12 12 12 12 12 12 12	Charles H. Rice 661 W. Barre St.
VS 150-REV, 1/1/68	

ote Kegre

On on played

FRANK HENDERCK SON

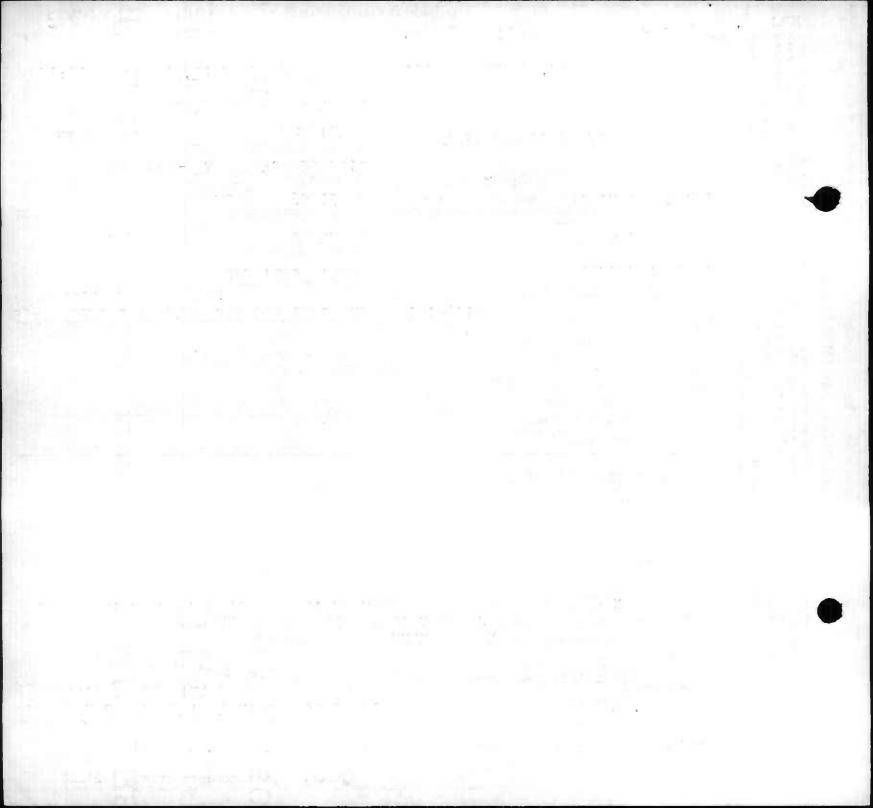
NO SHEAD-3463 GRELIA HENDERGHSON

SAME

BURGER HENDRIGHT PARKEL, HARVERYD OWNLOO A. FOR GET H. BRING THE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

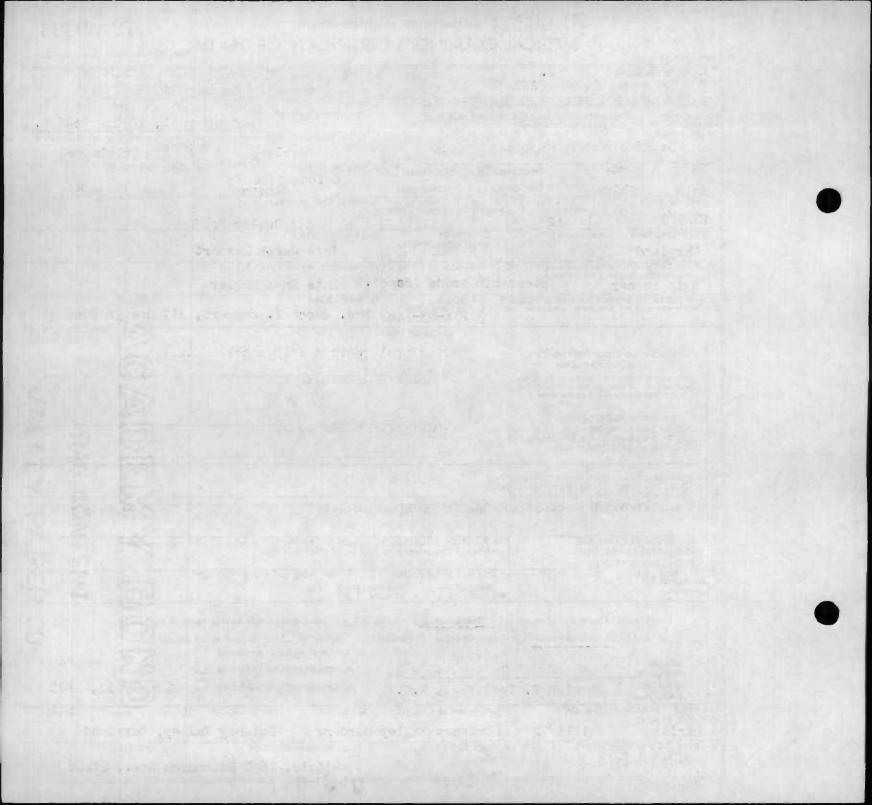
	1 (20)	BALTIMORE CITY	HEALTH DEPARTMENT	1	72 00392	
	9-620 TH NO.	CERTIFICA	TE OF DEATH	REG. NO		
	pe or Print)	AME OF DECEASED				
-		ITH REBECCA	JANI	JARY 12, 1	1972 10:15Pm.	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE 8. COUN	IY	nstitution: residence before admission)	
FL	LL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN	Baltimore	5 300		
	LLO ST AGNES HOSPITAL		BALTIMORE		YES NO POC	
		00111111	E. STREET AND NUMBER			
			2125 FERNGLEN WAYWestview			
I	EMALE CAUCASIAN WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	08 31 96	9. AGE IIn years lost birthdoy)	if Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.	
10/	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote of forei	gn country!	12. CITIZEN OF WHAT COUNTRY?	
901	Housewife		MARYLAND		11 ς Δ	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	USA	
	TOUN PIDEMENTS					
	JOHN BIRKMEYER	11/ 2001::	AMELIA SPRIM	IGER		
(Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown! Uf yes, give war or dates of serv	icel 16. SOCIAL SECURITY NO.	17. INFORMANT	BALTIM	10RE MP 21 229	
		213481919	ST AGNES REC	ORDS WILK	ENS & CATON AVES	
	18. // / 7 3 1	CAUSE OF DEAT			APPROXIMATE INTERVAL	
	DISEASE OF CONDITION DIRECTLY		11 10		BETWEEN ONSET AND DEATH	
	LEADING TO DEATH	(A) IMMEDIATE CAL	se Heart Ha	lare		
	IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	injury or camplication which caused death.)	Injury or camplication which caused death.)				
	ANTECEDENT CAUSES (a) A+Therischertic Rent Disease					
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:					
	ise to the above cause (A) stating UNDERLYING CONDITION last	(c)				
	A4	11				
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG				
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMS	NAL				
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION 1 WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.	208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
20	21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimor	re City, give exact location)	
ICAL	DEATH (notify medical examine)	home, form, foctory, street, of	fice bldg., INJURY OCCUR	h in common	e City, give exact location;	
EDI	21D-TIME (Month IDoy) IYeon (Houn 21E INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?		
2	(APPROXI	While At Work Not While At Work				
	22. I certify that (IX (this hospital) attended the deceased from JANUARY 12 19 72 to JANUARY 12 19 72					
	and hour and from the causes stated abave. (A) (We) (dtd) (dtd dot) view the bady after death.					
	Attending Med. Stoff Th					
	Toward Joon of Diegree Phys. Director Phys. Micry 12, 1772					
	23 C. PHYSICIAN'S NAME ITYPE		3D. ADDRESS	BALTIM	ORE MD 21229	
	DR. LEE MD	ngo age	ST AGNES HOSP	ITAL WILK	ENS & CATON AVES	
24/	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)					
	Burial 1/15/72	Loudon Park Ceme	town Poli	timore, Mary	rland	
-		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	THOIR, PAT	ADDRESS	
		BeJMD O	Otzke, 7630	Edmondeon		
VS	150-REV. 1/1/68	27 48 48	שנטו, ישבטים	Editolida011	AVEILUE KIKKO	



B	4-216 MEDICAL E	BALTIMORE CITY HE XAMINER'S (OF DEATH REG. NO	72 00393
	NAME OF DECEASED JACOB HASPERT		2. DATE Known OF		Year Hnur
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	DEATH Estimote 3. DATE		
FL	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTI SSPITAL ADDRESS OR LOCATION)		PRONOUNCED DE	January 12,	
0	Baltimore City Hospital	(DOA	A STATE	(Where deceased lived, if institution B. COUNTY	on: residence before admission) Baltimore
6.	SEX 7. RACE B. MARRIED	NEVER MARRIED	C. CITY OR TOWN	D. INSIDE C	AND ASSESSED.
	Male White WIDOWED!	DIVORCED [ille Somose	res No E
		nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.	E. STREET AND NUM	Gralan Road	
11.	BIRTHPLACE (State or foreign country) 12. (CITIZEN OF	13. FATHER'S NAME	Graran Koad	
	Maryland	WHAT GOUNTRY?	late Ja	cob Haspert	
14/	USUAL OCCUPATION (Give kind of work 14B. KIND OF	BUSINESS OR INDUSTRY			
30	Ship Burner Steamshi	p trade Addoc	i. Late An	na Kahler	
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give wor or doles of service)	117. SOCIAL	IB. INFORMANT		ADDRESS
111	no	214-03-1467	Mrs. Jacob	J. Haspert, 317	Gralan Road
-	19. 4/2.4	CAUSE OF DEAT			APPROXIMATE INTERV
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. it means the disease,	(A)IMMEDIATE C		ovascular diseas	BETWEEN ONSET AND DE
TION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	AS A CONSEQUENCE OF	:	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	20A. DATE OF OPERATION 20B. CONDITION FOR				21. AUTOPSY? (Yes or No)
FDICAL	UTING CAUSE OF DEATH.	PLACE OF INJURY (e.g., i , farm, foctory, street, office	n or obout 22C, WHERE bldg., etc.) INJURY OCC	DID (If in Boltimore City, give exc CUR?	oct locotion)
Σ	OF INJURY	ZE.INJURY OCCURRED. WHILE AT NOT YORK AT WO	WHILE -	ID INJURY OCCUR?	
Г	23.				
П	I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion				
ŀ	resulted from: Natural causes X	coldent Sulcide			
	ACTUAL SIGNATURE LA ASSISTANT MEDICAL EXAMINER DATE SIGN				DATE SIGNED
	EXAMINER'S Charles S. Spri	ngate, M.D.	ASSOCIATE MEDI	ICAL EXAMINER Janu	uary 13, 1972
24. RE	MOVAL (Specify)	C. NAME of CEMETERY		24D. LOCATION (City, town	n, or county) (State)
L	Burial 1/15/72 D	ulaney Valley	Gardens	Dulaney Valley,	Maryland
25	JAN 14 1972 258. NAME	OF REGISTRAR	25C. FUNERAL DI		DDRESS

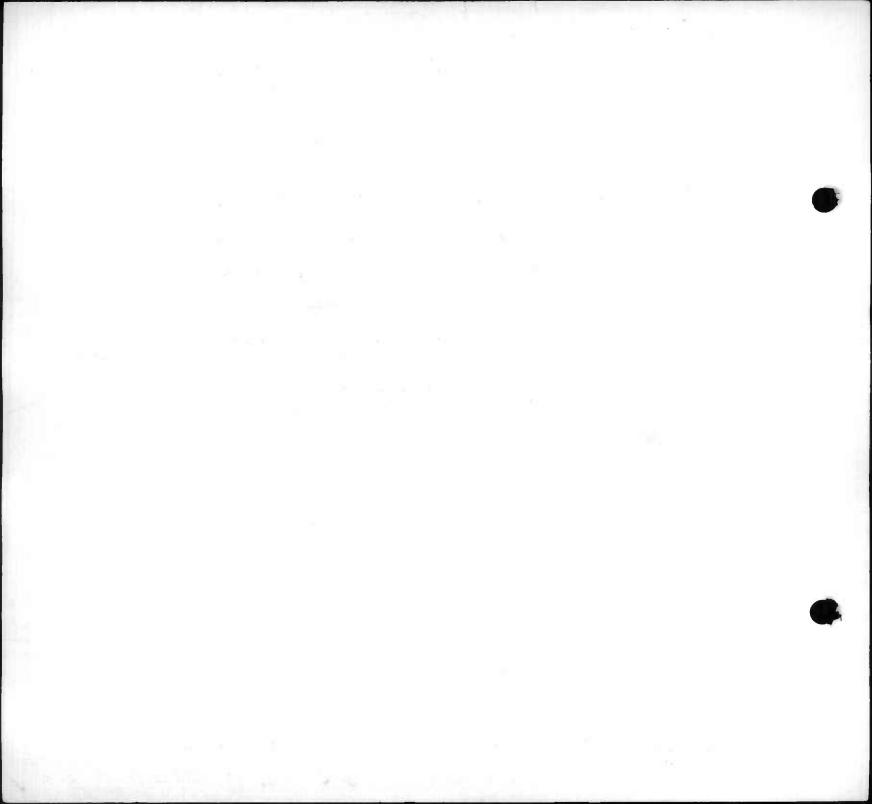
VS 151-REV. 7/1/68

Witzke, 1630 Edmondson Ave., 21228



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

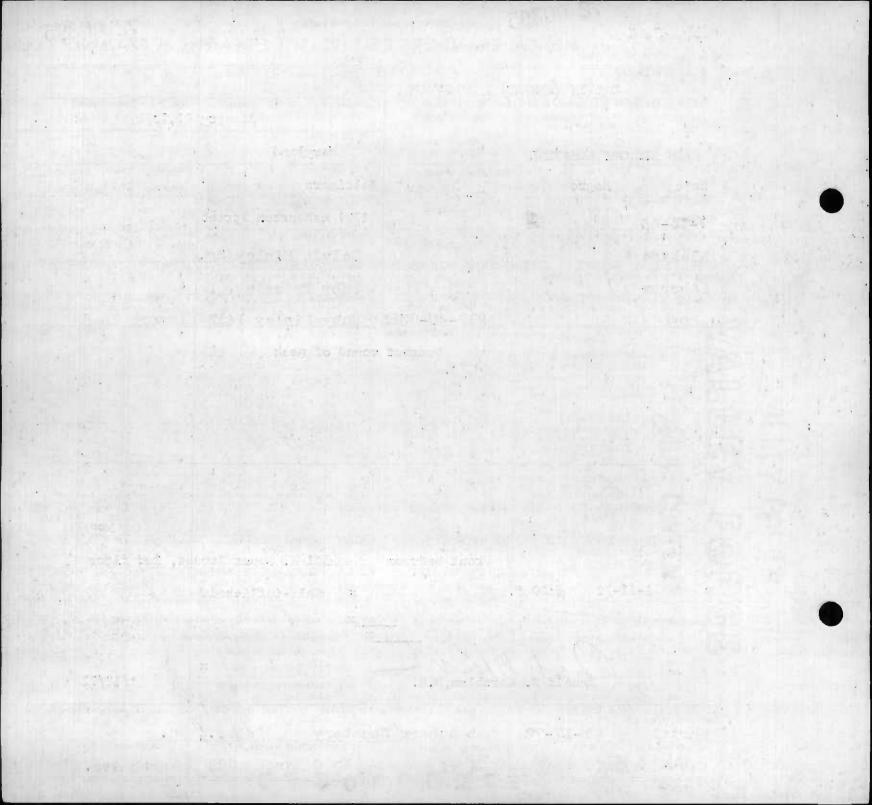
12-230 72 00394 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 72 10394						
BIRTH NO.						
(Type or Print) Po (Serty Lo cicety)						
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institution	ont residence before admission)		
FULL NAME OF UF NOT IN HOSPITAL OR ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	C. CITY OR TOWN		1702		
MD. CENT 1405	CO		D. INSIDE CI			
+8/11). GEVE 1800		E. STREET AND NUMBER 102 Draid Hill Avenue				
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.				
Make Black WIDO	WED DIVORCED	3-24-07	lost birthday) Mon	ths Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)		11. BIRTHPLACE (State or forei	gn country) 12.	CITIZEN OF WHAT COUNTRY?		
Hospital Orderly	Hospital	HALAFONCO.	North Carolin	U.S.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE			
JACO 6 hockett		Many Gu	ncen			
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown! Uf yes, give wor or dates of ser	SECURITY NO.		LM SO H 1004	Darley Ave. Balta		
18. 5/9,31	CAUSE OF DEATH			APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PULMO	VARY EMPHYS	EMA	BETWEEN ONSET AND DEATH		
(This does not mean the made of dying	e.g. (A) IMMEDIATE CAU	SE CONSEQUENCE OF:	****************	715		
heart foilure, asthenia, etc. It means the dis injury or camplication which caused death.)	heart foilure, asthenia, etc. It means the disease,					
ANTECEDENT CAUSES				415		
DISEASES OR CONDITIONS, if any, g	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS					
ise to the above cause (A) stating UNDERLYING CONDITION lost.	rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)					
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM! V DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING					
	***************************************	120 A				
WAS PERFORMED		20 A. AUTOPSY? (Yes or No)	10 CERTIFYING CAUSES O	GS CONSIDERED OF DEATH? JES		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, affi etc.)	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimore City,	give exact location)		
OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
(APPROX.)	While At Not While At Work					
22. 1 certify that (I) (this haspital) attend	ed the deceased from	19	?to	19		
that (1) (we) lost sow the deceased alive	on	19and that	t in (my) (our) opinion d	eath occurred on the date		
and hour and from the couses stated above. (1) (We) (dtd) (dtd not) view the body after death.						
23A. SIGNATURE	23 & DATE SIGNED					
23C. BATTSICIAN'S January DEGREE Phys. Attending Director Director Phys.						
23D. ADDRESS 23D. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE 24	DEGREE					
REMOVAL (Specify)	C. NAME OF CEMETERY OF CREATING CO			or countyl (State)		
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	In HAI	ne Hrundel	Cty Mlds		
The same of the sa	BOZAZA O O O	25C. FUNERAL DIRECTOR	ich 92FE	Hoth Klass		
VS 150-REV. 1/1/68		1 11/18	,,,,,,	TOTAL TARE		



4-540 MEDICAL

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL		CENTILICATE	OI DEATH.

4-540 BALTIMORE CITY HE	ALTH DEPARTMENT					
MEDICAL EXAMINER 3	CERTIFICATE OF DEATH REG. NO.					
BIRTH NO. 1. NAME OF DECEASED						
(Type or Print)	OF CHARLES					
CALVIN (FENLEY) F'INLEY JR. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD January 11,1972 6:40 P.M.					
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Manuary 1 and B. COUNTY					
BON SECOURS HOSPITAL	Maryland /5 06					
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Male Negro WIDOWED DIVORCED	Baltimore YES NO					
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.						
7-14-45 26	1701 Ashburton Street					
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME					
Alabama	Calvin Finley Sr.					
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of warking life, even if retired)	15. MOTHER'S MAIDEN NAME					
Laborer	Ruby Pressley					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown)(If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS					
No 219-40-238	Ruby Finley 1413 Kitmore Road					
19. F 9 5 5 X CAUSE OF DEA						
DISEASE OR CONDITION DIRECTLY Gunshot	wound of neck					
LEADING TO DEATH (A)IMMEDIATE (CAUSE					
	AS A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)					
7	yes					
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., home, farm, factory, street, office from the company of t	in or obout 22C. WHERE DID (If in Baltimore City, give exact location) e bldg., etc.) INJURY OCCUR?					
☐ UTING ☐ CAUSE OF DEATH. Front bedroom	© UTING □ CAUSE OF DEATH. Front bedroom 501 N. Mount Street, 2nd floor					
OF INJURY (Manth) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
(APPROX.) 1-11-72 6:00 P. m. WHILE AT NOT AT W	WHILE Self-inflicted					
23. I certify that I held on Inquiry Inspection Au	topsy X and that an this bosis, death in my opinion					
resulted from: Notural causes Accident Suicia	Homicide Undetermined monner					
(1)	CHIEF MEDICAL EXAMINER					
SIGNATURE west Illust M.C.	ASSISTANT MEDICAL EXAMINER DATE SIGNED					
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 1/12/72					
NAME (Type)						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or caunty) (Stote)					
Burial 1-17-72 Mt Auburn	Cemetery Balto., Md.					
25A. DATE REC'D BY HEALTH DEPL 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
JAN 14 1972 WARE TO ME X 8	Wm C March 928 E North Ave.					
VS 151-REV. 1/1/68	1) 0 0 / 0					



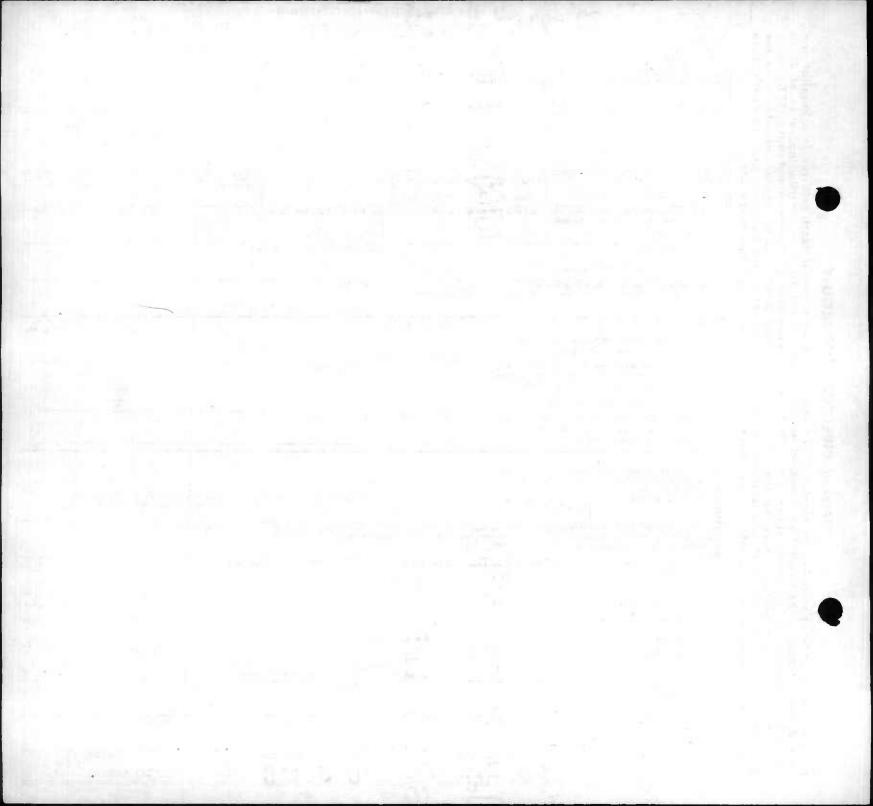
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death,; and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT							
C-652 CERTIFICA	ATE OF DEATH REG. NO.						
BIRTH NO.	DATE AND HOUR OF DEATH						
(Type or Print) Emma Jean Carmicha	el Jan. 12 19721 303 Pm.						
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY						
FILL NAME OF ASSESSED AS NOT IN HOSPITAL OR INSTITUTION ON STREET	Maryland 2505						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
South Baltimere General Hosp	Baltimore YES NO						
BROOL SI Hanover St.	E. STREET AND NUMBER						
300,000	1410 Chesaperke Courl						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.						
remare Negro WIDOWED DIVORCED	1-1-21 50						
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTING done during most of working life, even if retired)	17 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Mousewite -	190+14 (aroling us A						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Charlie Brown	Levalor Miles						
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS						
NO 237-30-870	7 MARRISELLA PUKES 738 REEDBIRD AV						
18. 400, 21 CAUSE OF DEA	TH APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY	1 . / 11 .						
(A) Must LAVE C. (A) Must LAVE C. (A) Must LAVE C. (A) Must LAVE C. (A) Must LAVE C. (B) Must LAVE C. (C) Mu	saconsequence of:						
heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:						
ANTECEDENT CAUSES ATTE	justiente Vascular Disease sev-years						
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:						
rise to the above cause (A) stating the	quant Hypertension lyear?						
UNDERLYING CONDITION last. (c) 19(a)							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
E R I							
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	, in or obout 21C. WHERE DID (If In Boltimore City, give exact lacation) office bldg., INJURY OCCUR?						
T DEATH (notify medical examiner) etc.)							
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?						
(APPROX.) While At Not W. Work At Wo	k						
22. 1 certify that (1) (this haspita) attended the deceased from	19 to Jan 12 19/1,						
that (1) (we) lost saw the deceosed olive on Jan 17 and that is (my) (aur) apinion death occurred on the date							
ond haur and from the couses stated above (1)(We) (did not) view the body after death.							
23A. SIGNATURE 23B. DATE SIGNED							
Colvin Cails, MioRee P	Hending Med. Staff Phys. Director Phys. Dan 12,1972						
RC. PHYSICIAN'S NAME (Type) (8 C.) 23D. ADDRESS BELL imare Mary and T							
Colvin Cicarter M.D. Begree 300 (5. Hanover Stree							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)							
Burial 1-15-72 Mt Calvary Ce	emeter Anne Arundel Cty Md.						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
JAN 1 4 1972 1666 E 1866 AND 1	VAM & MARCH 928 E NORTH AVE						
VS 150-REV. 1/1/68	0070						

A The State of the Soul Dr. Manage 151 ZXCO CONTRACTOR SOLVEN 92 15-17 * I will be given alment Courtem up it TOUSEWAY OF Charlie Brusser EST WE STOLD 94 Ceremouscelar Heminetter 1 A far is a self solution of the bear of the Burger - indiaget transitals College College and the second second Column C. Contro No Soul Still Market

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

10	1 70 000-	BALTIMORE CITY	HEALTH DEPARTMENT		
15	7-560	CERTIFICA	TE OF DEATH	REG. NO	
1.6	IAME OF DECEASED	1 1	2. DATE AN	D HOUR OF DEATH	
(Ту	po of Phill AURettal	JAIN, LOR	ETTA 1	1,172	12:06 Pm.
	OLL NAME OF STREET OSPITAL OR INSTITUTION, GVE STREET ADDRESS OR LOCATION! 3 The Johns Hopkins Hospital		4. USUAL RESIDENCE (Where deceosed lived, II institution; residence before admission) A. STATE B. COUNT Maryland		
HO			c.cny or town Baltimore	D. IN	SIDE CITY LIMITS? YES NO
1 "			E. STREET AND NUMBER 1322 Eutaw Place		
5. 1			IR DATE OF RIPTH 19 AGE IIn years If Modes 1 Yr II Under 24 Hrs		
	Female Negro woo	WED DIVORCED	0/13/23	lost birthdoyl 48	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
don	LUSUAL OCCUPATION (Give kind of work 10B, KIN to during most of working life, even if refired) HOUSEWIFE	D OF BUSINESS OR INDUSTRY	Maryland	ign countryl	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Samuel Webster		Laura Johns	on	
15. (Ye	Was Decoused Ever in U. S. Armed Forces? s,no or unknown) life yes, give war or dates of serv	ice) I & SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		CAUSE OF DEAT		ns 710 Gre	eenmount Ave.
САПОИ	IThis does not mean the mode of dying, heart failure, aethenia, etc. It means the distingury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, grise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A).	iving the (c)	A CONSEQUENCE OF:		
CERTIFIC	19A DATE OF OFERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED		20A AUTOPSY? (Yes of N. Yes	N CERTIFYING C	AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inolity medical examined	n or obout 21 C. WHERE DID ffice bidg. INJURY OCCUR?	(II In Beltim	ore City, give exact location)	
MEDI	(APPROXI	IJURY White As remy Not White remy			2.1
	22. I certify that (I) (this hospital) attended the deceased from 19 2 to 19 2 that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.				
	23C. PHYSICIAN'S NAME (Type) Attending Med. Director Phys. 23D. ADDRESS Attending Med. Director Phys. 23D. ADDRESS			23B, DATE SIGNED	
24	Martha L. Kop	per, M.D. DEGREE	The Johns H	-	Spital City, town, or county! (State)
	REMOVAL (Specify)				
	Madana Ca	Mt Auburn Cem	25C. FUNERAL DIRECTO		ADDRESS
VS	150-REV. 1/1/68	y lease of	Olim 3 March	1 368 F 1	North Ave.



IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH pital and of death the Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) no a hospital BUCKNER eath. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decoosed lived, If ance institution: residence before admission) 9 cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C, CITY OR TOWN 0 HOSPITAL OR (4) Undetermined cause; attend 10 D. INSIDE CITY LIMITS? YES X prior contributing SECOURS HOSPITAL occurred 212 N. MONROE regular 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9. AGE (In years deceased Il Under 1 Yr. Il Under 24 Hrs. Months! Days Hours Min. WIDOWED DIVORCED 10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) 2 sposition MARYLAND MOS the 14. MOTHER'S MAIDEN NAME JAMES BUCKNER FLORENCE death uo kind; 15. Was Docaased Ever in U. S. Armed Forces? (Yes,no or unknown! (If yes, give war at datas at service) 17. INFORMANT 6. SOCIAL 0 SECURITY NO. ance CharT - B.S. H. WWII 25 12-394 dny 1B. C pronounced CAUSE OF DEATH 0 attend DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (A) IMMEDIATE CAUSE Ham our hagie
DUE TO, OR AS A CONSEQUENCE OF: Lvock associate (This does not mean the made at dying, e.g., hoort loiture, asthenia, etc. It means the disease, injury ar camplication which caused death. regular Repatie Coma due to Bio phageof Karices ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the physician before the remains UNDERLYING CONDITION Igsl. SDM burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). any nature; (2) Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? where the 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 8. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, larm, foctary, street, allice bldg., INJURY OCCUR? (If In Boltimore City, give exact location) to the hospital MEDICAL DEATH (notify medical examined by obtained 21D. TIME (Month) (Doy) (Year) 21E INJURY OCCURRED 9 (Hour) 21 F. HOW DID INJURY OCCUR? approved (except While At Not While (APPROXI and Work 22. I certify that (1) (this haspital) attended the deceased from January 11 1972 to Tanuary Jan wary that (H) (we) last saw the deceased alive an. 11 pe 1972 and that in (my) (our) apinion death occurred on the date hospital death) and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death. the body was released must accident 23A. SIGNATURE 23 B. DATE SIGNED hien With varena Attending 2 Med. Staff Director approval Phys. 0 DEGREE 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Type) THIEN M.D SECOURS BON MOSPITAL 24C. NAME OF CEMETERY OF CREMATORY VS: (1) 24A. BURIAL CREMATION, 24B. DATE deceased 24D. LOCATION (City, town, or county) REMOVAL (Specify) BALTO NATIONAL CEN BALTO SURIAL SDM 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. MARCH 928 E NOATH AVE

NO [

STREE 7

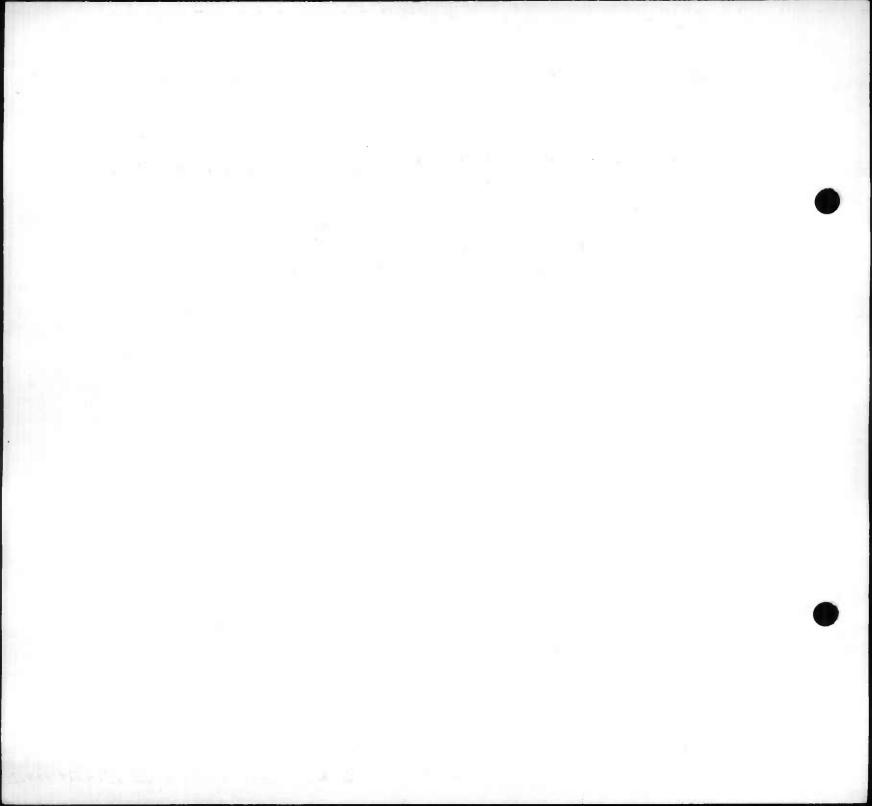
4.5.

ADDRESS

APPROXIMATE INTERVAL

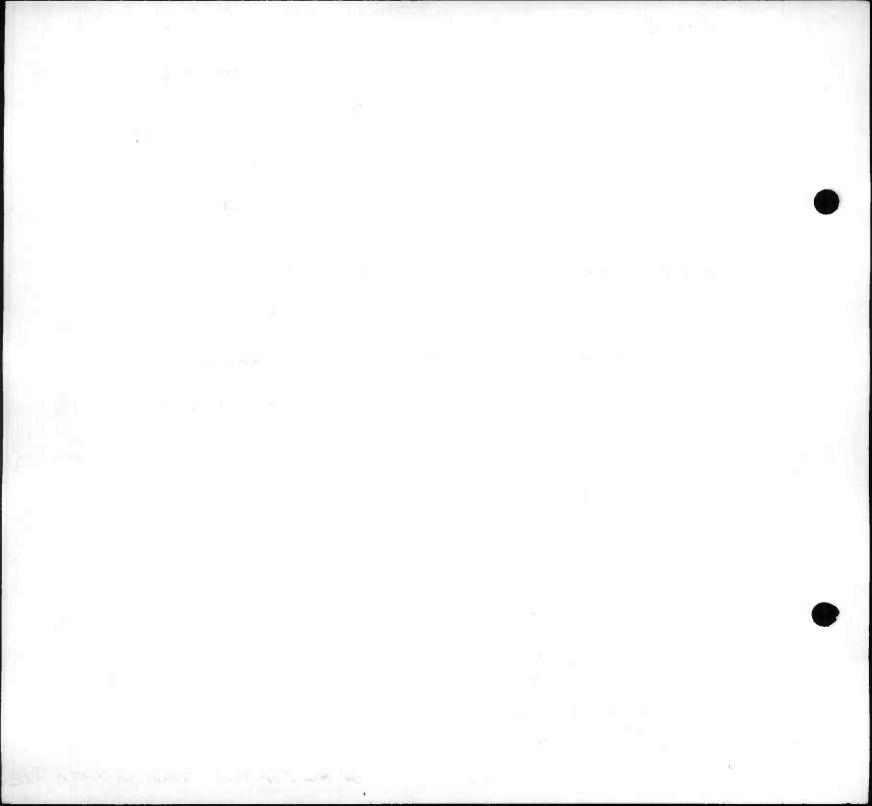
BETWEEN ONSET AND DEATH

(Stotel



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	4.400	~()	50200		HEALTH DEPARTMENT		72 00	1293
	RTH NO.		00399	CERTIFICA	TE OF DEATH	REG. NO		
	NAME OF DECEA	7.7	/1			AND HOUR OF DEAT		
3.	PLACE IN BALTIA	AORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	AN . 11, 19	7v	12:30 Am.
FI	ULL NAME OF OSPITAL OR		AL OR INSTIT	UTION, GIVE STREET	Benoy LAND	INTY	institution, res	1513
IN	NOITUTIEZ				C. CITY OR TOWN	D. IN	SIDE CITY LIN	_
1	+2 INAI	HOSPITAL &	+ BALTI	MORE	E. STREET AND NUMBER		YES	NO [
5.	SEX 6.	RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIETH	DEGO AVE		1 7 7 7 1 1 1 1 1 1
	F	hes	WIDOWED		1/13/1941	last birthday)	Months I	1 Yr. If Under 24 Hrs. Doys Hours Min.
10	A. USUAL OCCUP	ATION (Give kind of work			11. BIRTHPLACE (State or for	reign countryl	12. CITIZE	N OF WHAT COUNTRY?
00	NONE WOR	king life, even if retired)			USA			ALU
13	FATHER'S NAME		1		14. MOTHER'S MAIDEN NA	AME		0.0 1.3
	FIRCER	HILL			EMMA THO	MAS		
15. (Ye	Wos Deceosed Ev	er in U. S. Armed For yos, give wor ar doto	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
		, , , , , , , , , , , , , , , , , , , ,		SECORITI NO.	EUNICE DICK	ERSON 20	000 Os	WEGO AVE
	18.	XI		CAUSE OF DEATH	1		1	APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY		0		35	TWEEN ONSET AND DEATH
	(This does not	mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	MBOLISM		2 Wules
	heart failure, as	lhenia, etc. II means calian which caused	the disease.	DOE 10, OR A3 /	A CONSEQUENCE OF:			
		TECEDENT CAUSES			Poor Mund	ARDIA IN	24015	OUE THREE DAY
	DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	14100 11-0 (10)	Mice	THICKEDAY
	rise to the	abave cause (A)	stating the	(c)				
		11		(0)	*****************************			
ATION	TO THE DEATH E	ANT CONDITIONS COLUMN NOT RELATED TO THE	E TERMINAL		BUZ GENY NE	GATIVE SEPS	15	4 days
ERTIFICATION	19A-DATE OF OF	PERATION 198 CON	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yos or N	10) 208 IF YES, WERE IN CERTIFYING C	FINDINGS C	ONSIDERED
CALC	21A. ACCIDENT OR CONTRIBUTION DEATH (notify mo	WAS UNDERLYING CAUSE OF odicol exominer	218, hometa	e, farm, foctory, street, of	or obout 21 C. WHERE DID	(if In Bollim	ore City, give	oxact location)
MEDI	OF INJURY	lonth) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
-	(APPROX.)		War		°□ ,		1	
	The state of the s	at (1) (this hospital)		e deceosed from	1/2	19 7× ta	1 / 1	1972
		st saw the decease		1/1/			Inlan death	occurred an the date
	and hour and fr	om the causes stat	ed above. (I)	(We) (did) (did not) vi	lew the body ofter deoth.			
	23A. SIGNATURE	house to	1:	0. 140 440	udina — Mad —	SLE -	238, DATE	SIGNED
	23C. PHYSICIANS	bracus J. O.	e mario	DEGREE Phys.	nding Med. Director	Stoff Phys.	1/1	1/72
	23C. PHYSICIAN'S NAME (Type)	to the same of		1 1 0	3D. ADDRESS	, 0		
24/	BURIAL CREMA	TION 248 DATE	PUINAR	ME OI CEMETERY OF CRE	SIMAI -	10812. of B	ALTO.	
	BUTIEL Spec	1-15-7	2 117	Calvary C		nne Arunde	ity, town, or	
	A DATE REC'D BY	HEALTH DEPT.		6 REGISTRAR				
			C. Jalle		1 Wind MI	ARCH 9	28 E	ADDRESS = NORTH AYE
VS	150-REV, 1/1/68					-		16

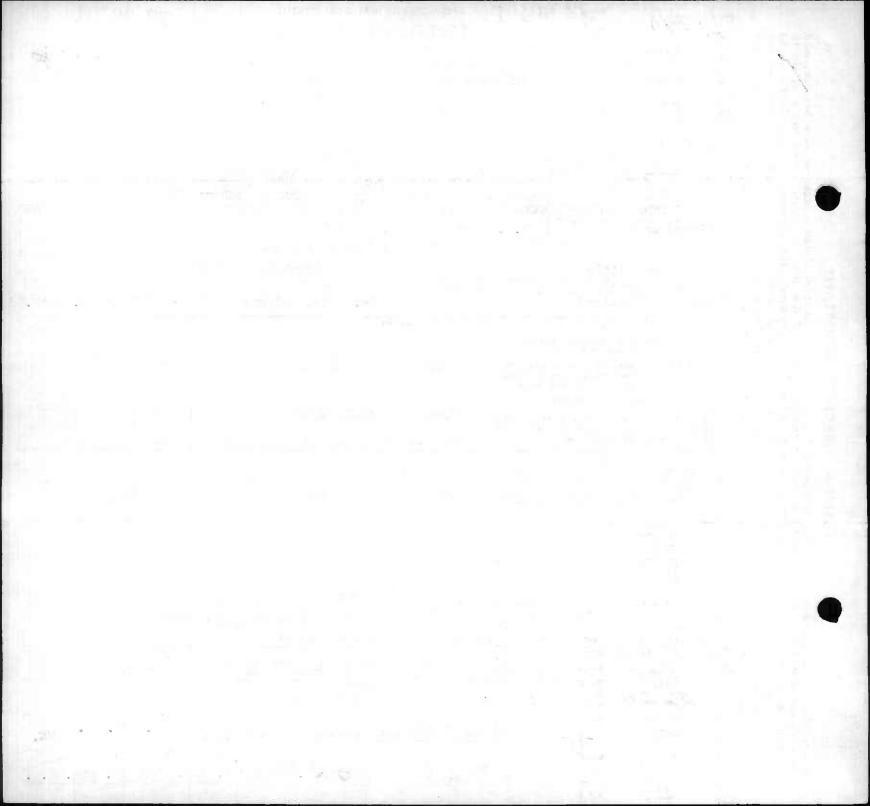


rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such on the death. ance attend 0 prior regular disposition is mad deceased = Was the death HO or final attendance fracture of any pronounced embalmed regular examiner. Who OLD 4 3 = physician the remains the chief medical medical Was any nature; (2) Body burns; No physician the 0 before where the body was released to the hospital 64 obtained 9 approved (except and eath); pe of hospital certificate must be must accident O 0 written approval 0 eceased prior to (I) An D.O.A. shows: Was

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BORKOWSKI MARGARET JANUAR Y Margarita 10 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) 3. PLACE UNLEASTIMORE WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR OR MARYIAMD ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? HOSPITAL ST. AGNES SEVERN NOXX YES & CATON AVENUE E. STREET AND NUMBER UARTERFIEL RD . BOX 320 RT. MD 9. AGE (In years lost birthday) Il Under 1 Ys. Hours Min. 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED 03-24-90 FEMALE WIDOWED DIVORCED ICA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) USA HOMEMAKING HOUSEWIFE GERMANY 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME ANDREW GOULDIN DEC 'D BAR BARA KKKMXXX (KREINER DEC 'D MODELS 15, Was Deceased Ever in U. S. Anned Forces & SOCIAL 17. INFORMANT TO. 229 (Yes, no or unknown) (If yes, give wat or dates of service) SECULITY NO. 212079049 ST.AGNES WILKENS 3 CATON None NO CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) MANEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A-AUTOPSY? (Yes at No) 19A-DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? etc.) OR CONTUBUTING CAUSE OF (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME (Month) (Dov) (Year) (Houd 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work DECEMBER 22. I certify that (1) (this hospital) attended the deceased from JANUAR that (i) (we) last saw the deceased alive on. and that In(my) (our) apinion death accurred an the date and haug and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 & DATE SIGNED Staff Phys. Attending Phys. Med. Director 23C. PHYSICIAN'S 23D. ADDRESS DEGREE 24A. BURIAL CREMATION. 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial 1/14/72 Glen Haven Memorial Park Glen Burnie. AA Md. 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 25C. FUNERAL DIRECTOR Glen Burnie, Funeral Home.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?	0:10 P.
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence as STATE 8. COUNTY 4. USUAL RESIDENCE (Where deceased lived, If institution; residence as STATE 9. COUNTY 10.	21100
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION) A. STATE B. COUNTY A. STATE B. COUNTY A. STATE C. CITY OR SOUND.	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	before admission)
Wes [4-8
1 Carried MEMORIA!	NO D
44 BA/GIMINE, Md E. STREET AND NUMBER Old Soldiens Home	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED NEVER MARRIED DIVORCED NEVER MARRIED If Under 24 Hrs. Hours Min.	
10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stain or foreign country) Listed man U.S. Army MAINE 12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Horace Little Elizabeth (unknown)	
15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 17. INFORMANT ADDR	ESS
Yes, no or unknown) Of yes, give war or dates of service) SECURITY NO. Dr. Peter Goldman 4609 Edgefield	Rd. Beth.M
BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	days
(This does not mean the mode of dying, e.g., heart failure, asthenic, etc. it means the disease,	
Linkur or complication which consed death)	-
ANTECEDENT CAUSES	Enni
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: On the above cause (A) stating the	
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL AS FINAL ON THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONS. IN CERTIFFING CAUSES OF DEATH.	IDERED ?
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DISEASE OR CONDITION GIVEN IN PART 3 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSTINUED IN CERTIFYING CAUSES OF DEATH IN CERTIFYING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH (no.) 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSTINUED IN CERTIFYING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH (no.) 19B. CONTRIBUTION (no.) 19B. CONTRIBUTION (no.)	
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DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Yes or No) 20B. IF YES, WERE FINDINGS CONSTITUTION 19B. CONTRIBUTING CAUSES OF DEATH! 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg. INJURY OCCUR?	location)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPST? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSTITUTION 19B CONDITION FOR WHICH OPERATION 21A AUTOPST? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSTITUTION 19B CONTRIBUTING CAUSES OF DEATH! 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or about 21C, WHERE DID (II in Baltimare City, give exact home, form, factory, street, office bidg, INJURY OCCUR? (II in Baltimare City, give exact home, form, factory, street, office bidg, INJURY OCCUR? (II) (II) (II) (II) (II) (III) (II	location) 19 7 2 urred on the date
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONS. IN CERTIFYING CAUSES OF DEATH. 21A. ACCIDENT WAS UNDERLYING 00 CAUSE OF DEATH. 21A. ACCIDENT WAS UNDERLYING 00 CAUSE OF DEATH. 21A. ACCIDENT WAS UNDERLYING 100 CAUSES OF DEATH. 21A. ACCIDENT WAS UNDERLY	location) 19 7 2 urred on the date
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OFERATION 19A CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Yes or No.) 20B. (F YES, WERE FINDINGS CONS. IN CERTIFING CAUSES OF DEATH. 21A. ACCIDENT WAS UNDERLYING 10A CAUSE OF DEATH. 21B. PLACE OF INJURY (a.g., in or about 21C. WHERE DID home, form, foctory, street, office bidg, INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour 21E, INJURY OCCURED While At Wark 1A) Work 1A)	location) 19 / 2 urred on the date 15 / 7 2 17 / C (State)
DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONS. IN CERTIFYING CAUSES OF DEATH! 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street office bidge INJURY OCCUR? (II in Baltimore City, give exact o	location) 19 7 2 urred on the date 17 2 19 C. (State)



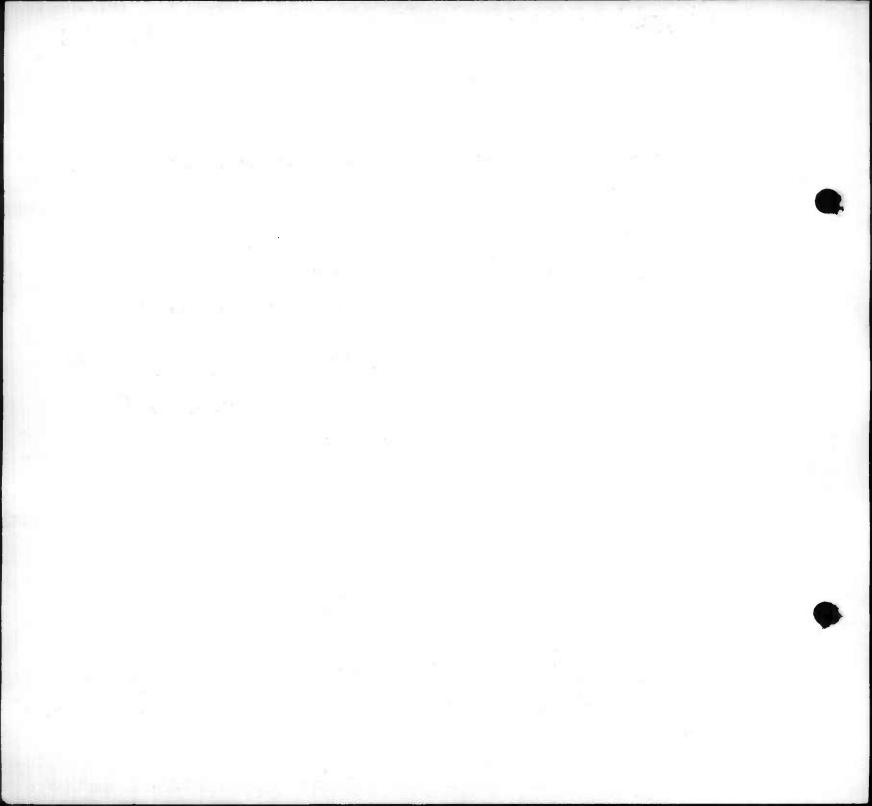
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

1		BALTIMORE CITY	HEALTH DEPARTMENT	
) -560 TH NO.	02 CERTIFICA	TE OF DEATH REG. NO.	72 00302
	pe of Print) John Sch	ei wor	2. DATE AND HOUR OF DEATH	105 M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UN CED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If insti	itution: residence before admission)
FU HO IN	LL NAME OF GIF NOT IN HOSPITAL OR ADDRESS OR LOCATIONI	INSTITUTION, GIVE STREET	C.CITY OR TOWN D. INSID	E CITY LIMITS?
u	nion Memorial	Hospital	E. STREET AND NUMBER 3 2 18 Putty Hill	VES D NO D
5.	SEX 6- RACE 7- MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
1	rale white woo	OWED DIVORCED A	05-22-92 7945	
	LUSUAL OCCUPATION (Give kind of work 108, KI) e defring most of working life, even if refired)	LAM	11. BIRTHPLACE (Stole or foreign country) Mary and	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	01-
	(reorge	cheiner	MARY -	PACHIA
15. (Ye	Wee Deceased Ever in U. S. Armed Forces? s,no or unknown! (If yes, give war or dates of se		17. INFORMANT	ADDRESS /
	NO	219-30-745	9 TAMILY	Kecords
	18.4-// / 1	CAUSE OF DEAT	H T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE/OR CONDITION DIRECTLY			
	(This does not meen the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	
	heart failure, asthenia, etc. It means the di injury or complication which caused death.	sease,	A CONSEQUENCE OF	a 40
	ANTECEDENT CAUSES		Latte have seen	
	DISEASES OR CONDITIONS, If eny,		A CONSEQUENCE OF:	
	rise to the above cause (A) stating	- the	RIDES CLEROSIS	
	UNDERLYING CONDITION fast.	(c) B*****		
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	TING		
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION	FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED
ERTIFI	WAS PERFORME		IN CERTIFYING CAU	SES OF DEATH?
CAL CE	21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noify medical examined	21& PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	n or obout 21 C. WHERE DID (If In Boltimore Bidg., INJURY OCCUR?	City, give exact location)
100	21D-TIME (Month) (Doy) (Year (House		21 F. HOW DID INJURY OCCUR?	
2	(APPROX)	While At At Work		
	22. I certify that (I) (this hospital) atter		17/31 19 71 to	117 1972
	that (i) (we) lost sow the deceased oliv	11-	19 72 ond that In(my) (our) opini	on deoth occurred on the dote
	and hour and from the causes stated abo		•	
1	23A, SIGNATURE			23R DATE SIGNED
1	C V. 11	91	anding Med. Staff Phys.	1/7/72
	23C.PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	
		WEER D	3318. dud Calvert	Sh
24	A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY of CR		, lown, or countyl (State)
	DURIAL 1-10-72	OAKLAMM (meden BALTO	Md
25	A. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNGRAL DIRECTOR	8802 Hartael R
11	Arm T a ship		TO TO THE STATE OF	O V V TYCY DICE //V

HROLL

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-45	2 72 0040	<	HEALTH DEPARTMENT	REG. NO.	22 00402					
BIRTH NO.		CERTIFICA	TE OF DEATH		A CONTACTOR					
1. NAME OF DECE	The second second		2. DATE A	ND HOUR OF DEATH						
3. PLACE IN BALT	MORE MARYLAND, WHERE	PRONQUINCED DEAD	II4. USUAL RESIDENCE (Wh	/10/72	institution: residence before admission)					
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Md C. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. INS	SIDE CITY LIMITS? YES NO					
402	28 Woodhaven	Ave	4026 Wood	lhaven Ave	e					
M	WID	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF TIRH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His.					
done during most of w	Cutter E	ND OF BUSINESS OR INDUSTRY	Lexington	,Kentuck	ey USA					
15. Wes Deceased	iver in U. S. Armed Forces? Of yes, give war at doles of se	1 6. SOCIAL SECURITY NO.	Mary 17. INFORMANT Mrs Eloise	Williams	, Same					
(This does no heart foilure, a injury or comp A DISEASES OF rise to the UNDERLYING	OR CONDITION DIRECTLY EADING TO DEATH I meon the mode of dying sthenio, etc. It means the di licotion which caused deoth, NTECEDENT CAUSES CONDITIONS, if any, obave cause (A) statin CONDITION last. Il CANT CONDITIONS CONTRIBL BUT NOT RELATED TO THE TERN	giving g the (C)	A CONSEQUENCE OF:	Merfeer levoacher	rend					
✓ DISEASE OR CO	DPERATION 19B CONDITION WAS PERFORME	FOR WHICH OPERATION	20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
OP CONTRIBUT	WAS UNDERLYING NO ING CAUSE OF nedicol exomined	21B. PLACE OF INJURY (e.g., in hame, form, foctory, sheet, of etc.)	n or obout 21 C. WHERE DID	(It to Boltimor	re City, give exoct location)					
S OF INJURY	Month) [Doy) (Year) (Hou	While At Not While Work At Work		TURY OCCUR?	1, 1,					
	22. I certify that (I) (this hospital) attended the deceased from / / // 19 to ///2 19									
,	that (1) (we) last sow the deceased olive on									
23A. SIGNATUR	ond hour and from the couses stated above. (1) (Ne) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Shaff Director Phys. 23B. DATE SIGNED 1/1/72 23D. APDRESS 23D. APD									
24A. BURIAL CREM REMOVAL ISP Burial	ATION, 248, DATE 1/16/72	MT C'lvary		A County	ily, lown, or county) (Stole) Md					
JAN 141	72 Value 8 255 N	AME OF REGISTRAR	Adolphus H	alstead 12	ADDRESS 206 W north Ave					
VS 150-REV. 1/1/68										



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Тур	AME OF DECE.	MRS		INT,		ADA,	E,,		1-	-12-	HOUR OF DEATH
3. P	LACE IN BALTI	MORE, MAI	RYLAND,	WHERE PRO	иоии	CED DEAD		A. STATE	L RESIDENC B.	COUNT	deceased lived. If in
HO	L NAME OF	(IF NOT ADDRES	IN HOSPI	TAL OR IN	STUTUT	ON, GIVE ST	TREET	130 C. CITY C	R TOWN	HIG	HLAND A
4	-3						:		TAND NUM		40,21214
5	OUTH B	ALT. G	GEN!	HOSPI	TAL						
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	vos Decoosod no or unknown)		Armed Fo	orcos?	ce)	6. SOCIAL SECURITY	NO.	17. INFOR		400	DONALD - W
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ATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOT RE	ELATED TO	THE TERMIN							
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	21 A. ACCIDEN OR CONTRIBUT DEATH (notify	ING CAL	JSE OF		21 B. PL home, otc.)	ACE OF INJ lorm, foctory	URY (e.g., ir , street, of	i or obout fice bldg.,	21C. WHERE INJURY OC	DID CUR?	(If In Baltimos
	21D. TIME OF INJURY (APPROX.)	(Month) (D	оу) (Үөөг) (Hour)	21E, IN While Work	AI	Not While At Work		21F. HOW D	ונאו סוס	JRY OCCUR?
	22. I certify that (I) (we) and hour and	last saw th	e deceas	sed alive	an	1-1	2	2 - / 19 iew the l		and tha	9
	23A. SIGNATUR	700	rea	ez	7:		Atte:	nding _	Med. Directas		Shaff Phys.
_	NAME (Ty	rs pe)					1	3D. ADDI	RESS		bals
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2SA	DATE REC'D	HL I	DEPT.	25B. NA	ME OF	REGISTRAR			FUNERAL DI		0000007107
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PM M. titution: residence before admission) DE CITY LIMITS? YES X NO If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 12, CITIZEN OF WHAT COUNTRY? U.S. A. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INDINGS CONSIDERED City, give exact lacation) 19 72 ian death occurred an the date 23B. DATE SIGNED 1-12-72 MO. y, town, or county) (Stoto)
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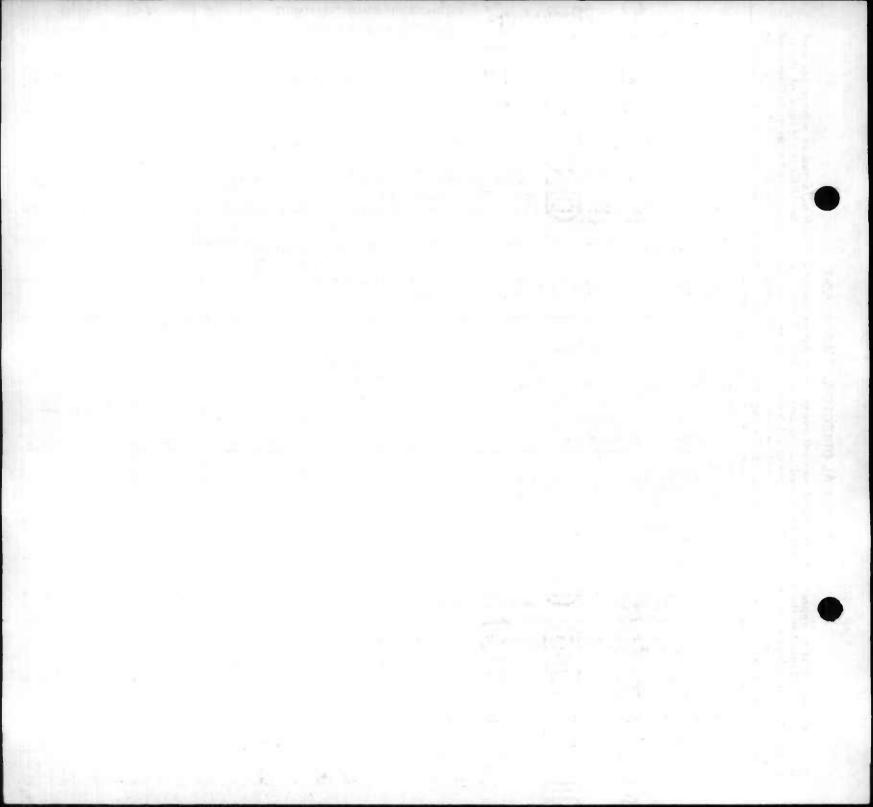
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	M No.	ICATE OF DEATH
	AME OF DECEASED WEBSTER, RAYN	AOND, G. JANUARY 11th 14721 5.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where defeased lived. If institution residence before o
FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	m Maryland 26/
IN S		Baltimore D. INSIDE CITY LIMITS?
5	BALTIMORE CITY HOSBIER	E. STREET AND NUMBER
	940 Eastern Avenue Baltimore, Maryland	
5. S	Male Caudasian WIDOWED DIVORCE	D 12-14-24 47
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INC. during most of working life, even if refired)	
	Iren Worker Amer. Bridge C	Co. Maryland U.S.A.
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
16 1	(Melring) Arthur G. Webster	Minnie E. Sealover
(Yes	Was Deceased Ever In U. S. Armed Forces? In o or unknown) Uf yes, give wer or dates of service) Yes We We II 16. SOCIAL SECURITY NO. 218-18-3	1010 -400 -410
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	DISEASES OR CONDITIONS, If any, giving ise to the above cause (A) stating the	OR AS A CONSEQUENCE OF:
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IFICATION	DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR AS A CONSEQUENCE OF: N [20A-AUTOPST? (Yes or No)] 20B, IF YES, WERE FINDINGS CONSIDERED
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CHARLING A PLAN STARS

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r if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased Such LO death. ance attend 10 prior regular mad deceased S disposition = 20 the direct 3 assistant death 60 kind; final attendance dny pronounced 10 embalmed fracture of chief medical examiner regular examiner. who are 4 ල E physician the remains Was medical burns; No physician Body the 0 before to the hospital by any nature; (2) where by be obtained 9 approved (except pup death); of hospital the body was released must accident must 0 approval 0 prior certificate to An D.O.A. pespese written shows: SID Ö

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 7/0 423 REG. NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 10 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 000 9. AGE Un years lost birthdoy) Hours Min. 5. SEX & DATE OF BIRTH 6. RACE If Under 1 Ys. MARRIED NEVER MARRIED WIDOWED 10 DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) none rone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cona 15. Wee Deceased Ever A U. S. Armed Forces? (Yes, no or unknown) of yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. no CAUSE OF DEATH APPROXIMATE INTERVAL 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSYT (Yes at No) 218, PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME (Month) [Day) [Year) (Houst 215. HOW DID INJURY OCCUR? 21 & INJURY OCCURRED Not While While At (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from and that in (my) ((aut) apinion death accurred on the date that (i)((we)) last saw the deceased alive an and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff Phys. 4 Phys. Director 23C. PHTSICIAN'S 23D. ADDRESS NAME (Type DEGREE 24A. BURIAL CREMATION, 248 DATE 24C. NAME of CEMETERT OF CREMATORY 24D. LOCATION (City, town, or county) (State REMOVAL (Specify) 0 ADDRESS 25A, DATE 258. NAME OF REGISTRAR 25CAUNERAL DIRECTO BY HEALTH DEPT. VS 150-REV. 1/1/68



1/7/72ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Peter Lipkovic, M.D. NAME (Type) 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24D. LOCATION 24B. DATE (City, town, or county) REMOVAL (Specify) Arbutus Mem. Park Baltimore, Maryland 1-11-72 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Arlington S. Phillips 1727 N. Monroe Street VS 151-REV. 1/1/68

25% BE 210 SE 2754 25 The property of the property of the property of

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

BALTIMORE CIT	Y HEALTH DEPARTMENT
	ATE OF DEATH REG. NO.
1. NAME OF DECEASED WILLEE	JANUARY 472, 7:20 P
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARGIAND 2/2/5 2/98 c. CITY OR TOWN D. INSIDE CITY LIMITS?
PROVIDENT HOSPITAL	BALTIMORE YES NO
39	3500 WOODLANE AVE.
S. SEX 6. RACE MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in years 11-10-08 last birthdoy Months Doys Hours Min.
done during most of profiting life, even if retired)	1). BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dawson See	Willie a. Hammond
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT APPRESS STYNAMAR B. Lee Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CA	BETWEEN ONSET AND DEATH
	A CONSEQUENCE OF: Jungs
ANTECEDENT CAUSES (8)	U
DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the UNDERLYING CONDITION tast.	S A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
192 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED & LIEUR	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING AVENTING AVENT	in or about 21 C. WHERE DID (If In Boltimore City, give exact lacation) office bldg, INJURY OCCUR?
O 21D. TIME (Month) (Doy) (Year) (Hour) 2) E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	1972 to 1972
The state of the s	19 70 and that In(my) (out) apinian death occurred an the date
ond hour ond from the causes stated above. (1) (We) (did) (did hop) 23A. SIGNATURE AM AM	23B. DATE SIGNED
DEGREE Phy	ending Med. Stoff Phys. Jan 72

DEGREE 24A BURIAL CREMATION. lowic ar county! (State) NAME OF 25C. FUNERAL DIRECTOR ADDRES

next leading Daniel ... Les William a. Thomas ... I 240-15-15-17 Merce R. Sheen Lanner

Ensual H3-72 Baker

25 FUNERAL DIRECTOR

ADDRESS

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

25B. NAME OF REGISTRAR

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Boundill S. Binner, Mylin

.EST. SLYSSKI GARL

BALTIMORE CITY HEALTH DEPARTMENT

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T State	

MEDICAL EXAMINER'S CERTIF	CATE OF DEATH REG. NO.	72 410
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED 2. DATE (Type or Print) CF	Known Month Doy	Year Hour
CHARLES ALLEN DEATH	Eslimoted	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Month Doy	Yeor Hour
HOSPITAL ADDRESS OR LOCATION)		72 3:25 p M
1002 N. Bond St.	Md.	808
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY C	D. INSIDE CITY	LIMITS?
male negro WIDOWED DIVORCED	Balto. YES	NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET Months; Doys; Hours; Min.	AND NUMBER	
	2 N. Bond St.	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	ola aller	
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15 MOTH	R'S MAIDEN NAME	
done during most of working life, even if retired)	ane Waldon	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give ygr.pr, dotes of service) 17. SOCIAL SECURITY NO.	11 11	RESS
YES DOWN	der 1/0/11.1032 00	kley II
19 CAUSE OF DEATH //		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arteriosclerotic	ardiovascular disease	DETITION OF AND DEAT
LEADING TO DEATH (A) IMMEDIATE CAUSE		
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)	QUENCE OF:	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	QUENCE OF:	
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFOR		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFOR	MED	21. AUTOPSY? (Yes or No)
		ves
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout	22C. WHERE DID (If in Boltimore City, give exact	
UNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., etc.)	NJURY OCCUR?	
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT WORK AT WORK		
23.		
I certify that I held an Inquiry Inspection Autopsy X	ond that on this basis, deoth In my of	oinion
resulted from: Notural couses 🗵 Accident 🗌 Suicide 🗌 I	omicide Undetermined monner U	
ACTUAL SOME O	CHIEF MEDICAL EXAMINER X	DATE SIGNED
SIGNATURE M.D. AS	ISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	OCIATE MEDICAL EXAMINER	1-10-72
24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY or CREMA	ORY 24D. LOCATION (City, town,	or county) (State)
Busil 1-17-12 Makan	MIL Court	
JAN 1 4 1972 JOHN STREET 256. NAME OF REGISTRAR 250.	FUNERAL DIRECTOR ADD	SRESS
VS 151-REV. 1/1/68	NUCOON TOTHERE	ucty /11

2-3-1972 - Form - Completion of cause of death on a pending medical examiner death certificate

Russell S. Fisher, M.D.

HRS

IMPORTANT FUNERAL DIRECTOR:

opproved by

and

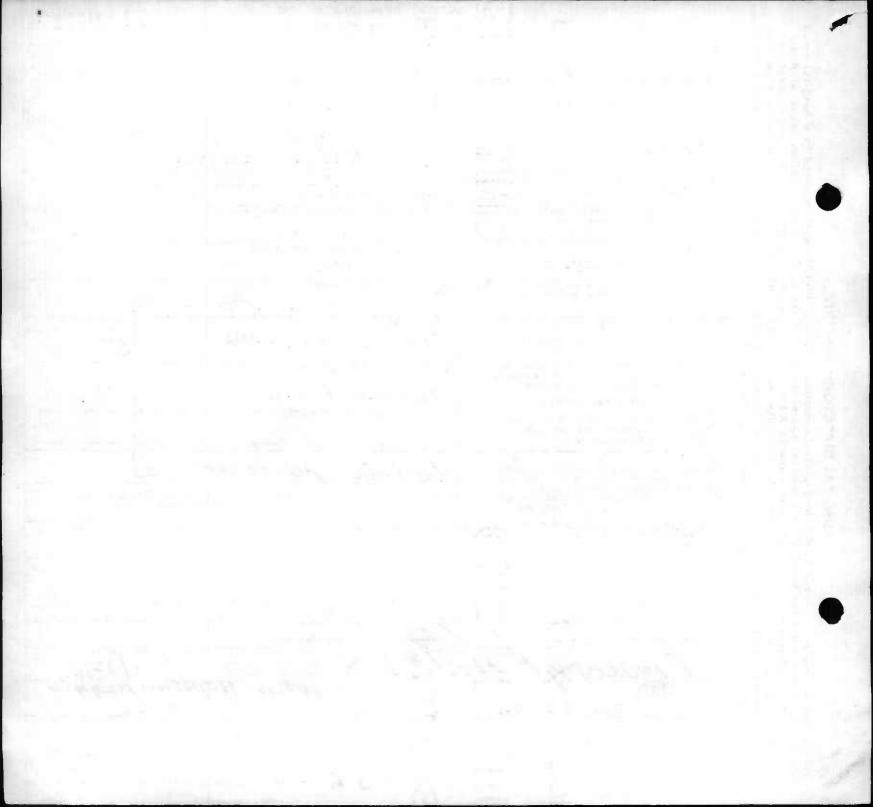
hospital

or contributing couse

occurred

death

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH of deoth Deceosed Such I. NAME OF DECEASED 2-DATE AND HOUR OF DEATH (Type or Print) LO deoth. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED/DEAD ance couse; (5) Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 0 YES KK Baltimore NO prior E. STREET AND NUMBER The Johns Hopkins Hospital 1037 N. Milton Avenue (4) Undetermined in regular is mod B. DATE OF BIRTH 9. AGE Un years If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED Hours deceosed lost birthdoy) 59 Female 11/22/12 Negro DIVORCED WIDOWED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? or final disposition done during most of working life, even if refired) WOS 4. MOTHER'S MAIDEN NAME + h• 13. FATHER'S NAME John Taylor Mary eath PO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SOCIAL 17. INFORMANT Inderson Same SECURITY NO. attendance D any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) regular ASCUD REVIEWE ANTECEDENT CAUSES who (B) DUE TO, OR AS A CONSEQUENCE OF: 910 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 5 physicion the remains UNDERLYING CONDITION lest MOS burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) ony nature; (2) Body 20A. AUTOPSY? (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED the O 218. PLACE OF INJURY long., in or about 21C. WHERE DID home, farm, factory, street, office bidg. INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exact location) where to the hospital °N DEATH Inotily medical examined MEDI obtained 21 F. HOW DID INJURY OCCUR? [Month] [Doy] (Year) (Hous) 21 E INJURY OCCURRED 9 OF INJURY Not While (except While At (APPROXI Work At Work puo 22. I certify that (1) (this hospital) attended the deceased from... and that in (my) (aur) apinion death accurred an the date eath); that (1) (we) last sow the deceased alive an. 90 hospital and hour and from the causes stated above. (1) (We) (did) (tid hot) view the body after death. the body was released must An accident 23 B. DATE SIGNED 23A. SIGNATURE T Attending Phys. Med. Director 0 written approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at MD DEGREE The Johns Hopkins Hospital Penelope Scott D.O.A. shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) (State) 24C. NAME OF CEMETERY OF CREMATORY pesoese REMOVAL (Specify) WOS JAN 14 1972 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68



R240 R.240 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIE	RTH NO.		MED	ICAL	. EA	AMIINERS	CKIIFI	CATEO	r DEATT	REG. NO.	115	THREE
	NAME OF DEC	EASED	D.				2. DATE	Knawn 🗌	Manth	Day	Year	Hour
(Tyl	pe or Print)	COLY	N ROZW	ELL	or .	Razwill	OF DEATH	Estimated [
4.	PLACE IN BALT	IMORE, MA	ARYLAND, W	HERE PI	RONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	M. Hour
FUI	L NAME OF	(IF NO		LORINS		N, GIVE STREET		UNCED DEAD	January	12,197	72	9:45 A.
6	7203	Moyer	AVE					sidence (while it is the stand is a second control of the stand is a second control of the stand is a second control of the stand contr		ed. If Institution COUNTY	: residence	before admission)
6.	SEX	7. RACE		B. MARE	HED AL	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	TY LIMITS?	
Ma	ale	Whi	te	WIDOV	-		Ba1t	imore		VE	s 🗆	No 🗆
9. 1	DATE OF BIRTH	1	10. AGE (In	yeors	If Und	ler 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER		10	3 🗀	NO
	July 28		lost birthdoy	28	Month	s Days Hours Min.		Moyer A	VE			
11,	BIRTHPLACE (S	tate or fareig	gn country)			TIZEN OF HAT COUNTRY?	13. FATHER	'S NAME				
	Po	bnalc			AA	USA		Demi.t.	Razwi 11			
144	USUAL OCCUP	PATION (Giv	e kind af work	48. KINE	OF BI	USINESS OR INDUSTRY	15. MOTHE					
don	Retired	Tailo	ren irrenirea)		Clot	thing		T	Inle			
16. (Ye	WAS DECEASE s, no or unknawn)	D EVER IN	U.S. ARMED	FORCE:	5?	17. SOCIAL SECURITY NO.	IB. INFOR				DDRESS	
_	No			1000		218-18-2389		H. Razwi	11 7203	Mover A	venue	27 234
	19.4/2	14-1				CAUSE OF DEA					BET	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
	DISEASE	OR COND	ITION DIREC	CTLY		Arterio	sclerot	ic cardi	ovascula	r disea	ise	
		LEADING TO				(A) IMMEDIATE C	AUSE					
	heort foilure,	asthenio, etc	made of dyi It means the ch caused dea	disease,		DUE TO, OR A	AS A CONSEC	QUENCE OF:				
		ITECEDENT				(B)	AS A CONST	QUENCE OF:				
	RISE TO THE	ABOVE CA	ONS, IF ANY USE (A) STAT	, GIVING ING THE		DUE TO, OR	AS A CONSE	QUENCE OF:				
z	UNDERLYIN	IG CONDIT	ION LAST.			(c)				10-000 drived drived a sewbala w		
9			11									
CERTIFICATION	TO THE DEA	TH BUT NOT	NDITIONS CO	THE TERM	INAL							
F			GIVEN IN PA			WHICH OPERATION W	C DEDECOR	4ED			IOI ALIT	ORCYG (Ver or No)
S	DATE OF	OFERATIO	200. COI	DIIION	FOR V	THICH OPERATION W	45 PERFORM	KED				OPSY? (Yes or No)
	224										no	
EDICAL	22A. EXTERN UNDERLYING UTING ☐ CAL		TRIB-		hame,	ACE OF INJURY (e.g., farm, factory, street, office	in ar about : e bldg., etc.)	NJURY OCCUR	D (If in Baltimare	City, give exa	ct location)	
Σ	22D. TIME (ay) (Year) (Hau	r) 221	E. INJURY OCCURRED		22F. HOW DID	INJURY OCCU	R?		
	(APPROX.)				WH		WHILE					
	23.						ORK L					- I J (/A .
	100000	ify that I h		nquiry [Inspection K Au	topsy 📙	and that ar	this basis, o	leath In my	apinion	
	result	ed fram: N	latural cou	ses X	Ac	cident Suicid	le 📙 H	omicIde 🔲	Undetermin	ed manner L		
		1	1 1	1 1	. /	///		CHIEF MEDICA	L EXAMINER			DATE SIGNED
	ACTUAL SIGN ATU	IRE /	red	11	16	w	ASS	ISTANT MEDICA	L EXAMINER	X		
	EXAMINE						ASSO	CIATE MEDICA	L EXAMINER		1/12	2/72
	NAME (T	ype) Ro	nald N.	. Kor	nblu	um, M. D.					-	
	A. BURIAL CREM MOVAL (Specif	y)	24B. DATE			NAME of CEMETERY			D. LOCATION	(City, tawn	, ar county	y) (Stote)
L	Burial		Jan 1			Holy Trinity			Elkride	- Jac	lowerd	Md .
25.	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	IAME C	OF REGISTRAR	25C.	FUNERAL DIRE	CTOR	Al	DDRESS	
	JAN 1	4 1972	Pase	A.E.	Jal	Per M.D.	I	he Dippe	l Bros I	ne 7110	Bela	air Road
VS	151-REV. 1/1/68						U	1 1 0	- 19-1			1

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K-520		MED	ICAL	. E	XAMINER'S	CERTIF	CATE	OF DEA	TH REG. NO					
BIRTH NO.									KEG. IN	0,				
1. NAME OF DECEA	SED			-		2. DATE OF	Known	Month	Day	Yeor	Hour			
(Type or Print) IDELLA WHITTINGTON KNOX							Estimoted							
4. PLACE IN BALTIM						3. DATE		Month	Dov	Yeor	Hour .	,		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET							UNCED DEA				-			
HOSPITAL OR INSTITUTION	ADDRES	S OR LOCA	TION)			415			10	1972	5 a	1		
OKINSIIIUIION						A. STATE	RESIDENCE	Where deceose	B. COUNTY		before odn	nission)		
0 0 3028 1	W. Gar	rison	Ave.			7 017.12	Md.		5. 65 51111	0	4//	7		
	RACE		8. MARI		NEVER MARRIED	C. CITY O			D. INSIDE	CITY LIMITS?		1		
female	m 0 02	10	WIDOV	AUED E			Balto			YESX				
9. DATE OF BIRTH	negr	10. AGE (Ir	_		nder 1 Yr. If Under 24 Hrs.	C STREET	AND NUMB		1	YESX	ио Ц			
		lost birthdo	y)	Mon	ths Doys Hours Min.	L. SIKELI	AIND INOMB	LK						
			-30					rrison A	Ave.					
11. BIRTHPLACE (State	e or foreign	n country)		1	CITIZEN OF	13. FATHE	R'S NAME							
Baltimore	, Mar	yland			VHAT COUNTRY?	XXXXX Royal Copeland								
14A.USUAL OCCUPA	TION (Give	kind of work	14B. KINI	OF	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME								
done during most of work Housewife	king life, eve	en if retired)				Arne	- ~	iles						
		LC ADME	FORCE	60	Ti7 COCIAL			7762		ADDRESS				
16. WAS DECEASED (Yes, no or unknown)(If	yes, give w	ar or dates	of service))	17. SOCIAL SECURITY NO.	18. INFOR		~ ~	20 2					
No						Thom	las L K	nox, 30	28 Garr	ison A	rve.			
19. 2	Y .				CAUSE OF DEA	тн					APPROXIMATE			
9/9	<u> </u>				Rheumatic he	ont di	00000				THE STATE OF THE S	7,100		
	OR CONDI	TION DIRE	CITA		Kneumatic ne	art ur	sease							
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heort foilure, os	thenio, etc.	It meons the	diseose,		DUE TO, OR A	AS A CONSE	QUENCE OF:							
injury or compli	icotion whici	n coused dec	oin.)											
ANTE	CEDENT	CAUSES			(0)									
DISEASES OR			, GIVING	;	DUE TO, OR	AS A CONS	EQUENCE OF							
RISE TO THE A	BOVE CAL	JSE (A) STA	TING THE	Ē										
Z	CONDIN	ON LAST.			(c)									
OTHER SIGNIFITO THE DEATH		ii												
OTHER SIGNIFI	CANT CON	DITIONS CO	ONTRIBU	ITING										
DISEASE OR CO	NOITION	GIVEN IN P	ART 1 (A)).				· · ·						
DISEASE OR CO	PERATION	20B. COI	VOITION	FOR	WHICH OPERATION WA	AS PERFOR	MED			21. AUT	OPSY? (Ye	s or No)		
Ö														
₹ 22A. EXTERNA	L CAUSE V	MAS		228	PLACE OF INJURY(e.g.,	in or obout	22C WHERE	DID (If in Rolti	more City give	exact location				
O INDEDIVING				home	e, form, foctory, street, office	e bldg., etc.)	INJURY OCC	UR?	more city, give	exoci iocolloni	'			
☐ UTING ☐ CAUS	E OF DEAT													
OF INJURY	onth) (D	oy) (Yeo	r) (Hou	r) 2	2E. INJURY OCCURRED		22F. HOW D	ID INJURY OF	CCUR?					
(APPROX.)				m. V		WHILE ORK								
23.				111.] 7	TORK AIT									
	that I he	eld on I	nauiry		Inspection 🛣 Au	top sv	and that	on this bas	is, deoth In n	ny opinion				
resulted	from: No	oturol cou	ses X	A	ccident Suicio	le 🔲 📑	lomicide		mined monne	r 🗀				
		1	0/	0			CHIEF MEDI	CAL EXAMINE	R LXI R		DATE SI	GNED		
ACTUAL SIGNATURE		0 6	fr.	er.	W.D	ASS	SISTANT MED	ICAL EXAMINE	R L		DAIL SI			
EXAMINER'	S						OCIATE MED	ICAL EXAMINE	R 🗍					
NAME (Typ	T	Russel	1 S.	Fis	sher, M.D.	733	O CIAIL MLD			1	-10-72	2		
24A. BURIAL CREMA	,	48. DATE			C. NAME of CEMETERY	or CREMAT	ORY	24D. LOCATIO	ON (City, to	own, or count		Stote)		
REMOVAL (Specify)			70		11- 22 0									
Burial		1.14.7			Woodlawn Ce				nore, Ma		Ł			
25A. DATE REC'D BY	HEALTH D	DEPT	25B. 1		OF REGISTRAR		FUNERAL D			ADDRESS				
JAN14	1477	Maria	JE.	Vil.	Sen ALD	Ker	nneth I	law 461:	l Park 1	Height	s Ave			

VS 151-REV. 1/1/68

Valuable South of Statement

E Financia, St. Males, St. F. F. F. F.

1.1.

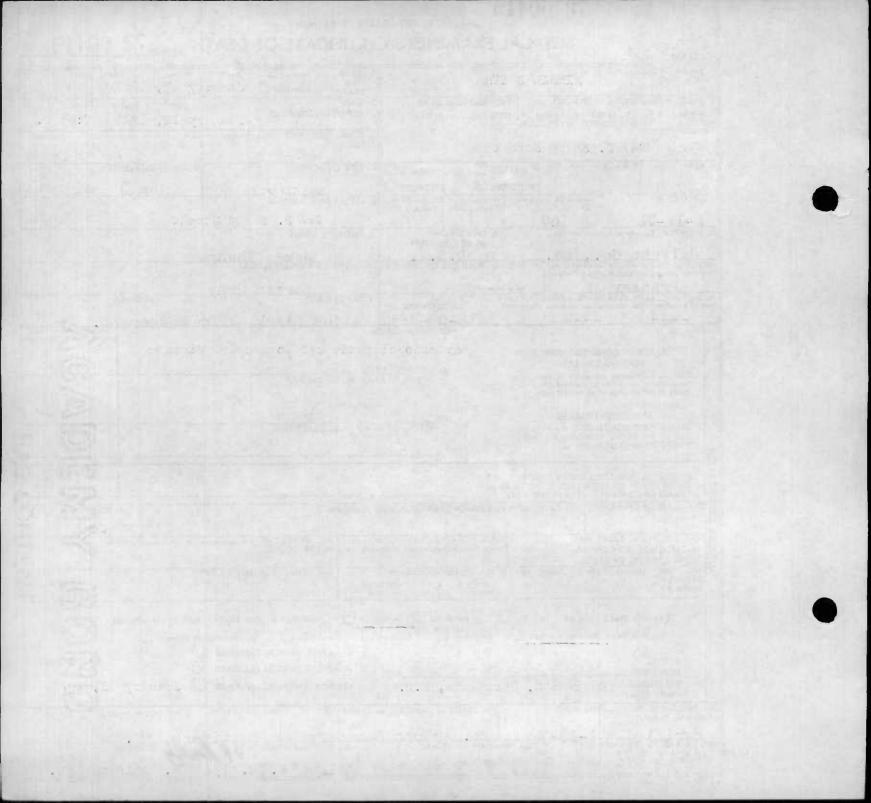
6-12	5	MED			BALTIMORE CITY HE.			OF	DEAT	H REG.	NO	00414		
I. NAME OF DEC	CEASED					2. DATE	Known		Month	Doy	Yeo	or Hour		
(Type or Print)	Deway	ne	GIBS	ON		OF DEATH	Estimo	ted 🗆						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	DUNCED D	FAD	Manth	Doy	Ye			
FULL NAME OF HOSPITAL	ADDRI	ESS OR LOCA	TION)	HIUH	ON, GIVE STREET					ry 12	•	10:45		
OR INSTITUTION OR INSTITUTION	RSITY I	HOSPITA	L			A. STATE		yland		B. COUN	ITY	160 L		
6. SEX 7. RACE B. MARRIED NEVER MARRIED						C. CITY C		100		D. INSIE	DE CITY LIMIT	TS?		
Male Negro widowed □ Divorced □						Baltimore VES X NO								
9. DATE OF BIRTH 1-28-55 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Manths; Days Haurs Min						2019 Harlem Ave.								
11. BIRTHPLACE (State or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY? A.							Anderson Smith							
14A.USUAL OCCU	PATION (Gi	ve kind of work	14B. KIN		BUSINESS OR INDUSTR	15. MOTH	IER'S MAID	EN NAM	1E		7.5			
tone during most of v	working lite, ev	ven intenred)					Glori	a Gi	bson					
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknown]/(If yes, give war ar dotes of service) 17. SOCIAL SECURITY NO.				18. INFORMANT ADDRESS										
no	A yes, give	"Of Golds	OF SOLVICE	-/	DECORATION.	Glo	ria G	ibso	n	340	2 Doe	field Av		
DISEASES RISE TO THE UNDERLYIN	NTECEDENT OR CONDITI E ABOVE CA NG CONDIT	ONS, IF AN	I, GIVING	E	(B) Na:	rcotic AS A CONS	s addi SEQUENCE (ction	1					
TO THE DE	ATH BUT NO	T RELATED TO	THE TERM).	Gı			of s	pine	with.	paraph			
20A. DATE O	F OPERATIO	N 20B. CO	NDITION	IFOR	WHICH OPERATION W	AS PERFO	RMED				21. A	yes yes		
UNDERLYING UTING CA		NTRIB- ATH.	c) (Ho	home	PLACE OF INJURY (e.g., e, farm, foctory, street, affic 2E, INJURY OCCURRED	in ar about e bldg., etc.	22C. WHE INJURY O	CCUR?			e exoct l'acati	on)		
OF INJURY (APPROX.)	(**************************************	007) (160	(110	V	VHILE AT NOT	WHILE VORK					KIT.			
ACTUAL SIGNAT EXAMIN	URE IER'S D.	Natural cau	My My	16	Inspection Auccident Suicident M.I. 1um, M.D.	de 🗌	Hamicide	EDICAL E	Undeterm XAMINER XAMINER			DATE SIGNED		
24A. BURIAL CRE	MATION,	24B. DATE 1-17-			C. NAME of CEMETERY Mt. Auburn	n Cem	•	E	ocation Balti	more,	, town, or co Md •	unty) (State)		
25A. DATE REC'D	4 1972	DEPT.	25B. I	NAME	OF REGISTRAR	250 K	ELSON	P.H	OR V . 1	Baile 348	y ADDRES alhou	s n Street		

VS 151-REV. 1/1/6B

2-7-1972 - Completion of cause of death on a pending medical examiner death certificate Ronald N. Kornblum, M.D.

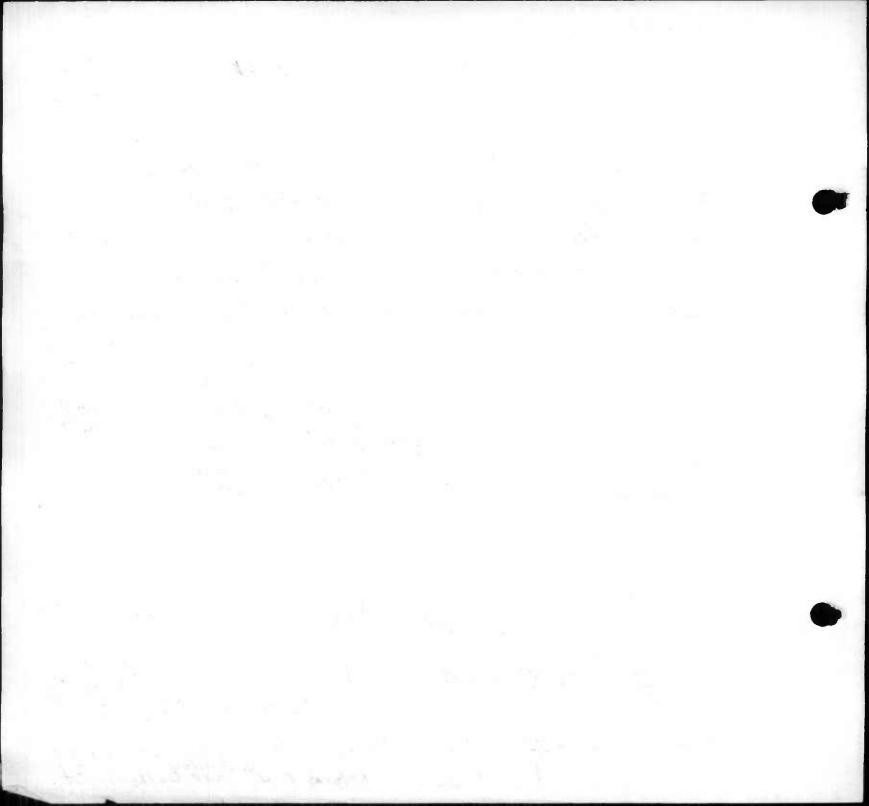
HRS

			BALTIMORE CITY HE	ALTH DEPA	RTMENT						
5-53	O MED	ICAL E	XAMINER'S	CERTIFI	CATE OF	DEATH		72 0	0445		
BIRTH NC.					O/ (IE O)	D L/ (11	REG. NO.		CONTRACTOR OF THE PARTY OF THE		
1. NAME OF DEC	EASED MINNI	E SMITH		2. DATE OF DEATH	Known 🔯	Month Januar	y 12,	1972	Hour		
4. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	3. DATE		Month	Dov	Yeor	Hour M.		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUT	TION, GIVE STREET	PRONOUNCED DEAD January 12, 1972 2:45 P.							
	947 S. Sharp	Street		S. USUAL RESIDENCE (Where deceased lived. H institution: residence before admission) A. STATE Maryland B. COUNTY							
6. SEX	EX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE C										
Female	Negro	WIDOWED			Baltimore		YI	s 🗴	NO O		
	lost birthd	years Mar	Inder 1 Yr. If Under 24 Hrs. oths: Doys: Haurs: Min.	E. STREET	ND NUMBER						
4-12-01					947 S. Sh	arp Str	eet				
II. BIKIMPLACE (S	tote or foreign country)		CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME						
Calvet	t Co. Md.	7	II.S.A.	416 140 211	James	Young					
done during mast of v	vorking life, even if retired)	140. KIND OF	BUSINESS OR INDUSTR	TIS. MOTHE	K'S MAIDEN NAM	AE .					
Pres	SET	FORCES	- 117 SOCIA!	10 10 10	Carrie	Gray					
(Yes, no or unknawn)	(if yes, give wor or dotes	of service)	17. SOCIAL SECURITY NO.	18. INFORA			A	DDRESS			
19. //			212-09-2852 CAUSE OF DEA		ce Clark	1206	Mosh	er St.	PROXIMATE INTERVAL		
7/1	71								TEN ONSET AND DEATH		
	E OR CONDITION DIRE	CTLY	Arterioscl	erotic	cardiovas	cular d	ısease				
1	LEADING TO DEATH at mean the mode of dy	Ing. e.g.	(A)IMMEDIATE								
heort failure	at mean the mode of dy , asthenia, etc. It means the application which caused de-	disease,	DUE 10, OK	AS A CONSEQ	UENCE OF:						
		,									
	NTECEDENT CAUSES OR CONDITIONS, IF AN		(B)	AS A CONSE					,		
RISE TO THE	ABOVE CAUSE (A) STA	TING THE	DOE 10, OK	AS A CONSE	QUENCE OF:						
Z	NG CONDITION LÁST.		(c)								
OTHER SIGN	III	A LITTO COLUMNIA									
TO THE DEA	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN P.	THE TERMINAL									
			WHICH OPERATION WA	S PERFORM	ED			21 AUTO	PSY? (Yes or No)		
0							Yes				
	NAL CAUSE WAS	22B.	PLACE OF INJURY(e.g.,	In or about 2	2C. WHERE DID (if in Boltimare (City, nive exp		62		
	OR CONTRIB-	home	e, farm, factory, street, office	e bldg., etc.) If	NJURY OCCUR?		,,				
≥ 22D. TIME () (Hour) 2	ZE, INJURY OCCURRED	2	2F. HOW DID INJ	URY OCCUR					
OF INJURY (APPROX.)		' '	WHILE AT NOT	WHILE							
23.		m.[WORK LAT W	ORK L							
I cert	Ify that I held an I	nquiry 🗌	Inspection Au	tapsy X	and that on th	la basis, de	ath in my	opinion			
result	ed from: Natural cau	ses A	coldent Sulcid	e Ho		Indetermine	_				
	01 1		0		HIEF MEDICAL EX						
SIGNATU	IDE Chall	1:0	Springal & un		STANT MEDICAL EX]		DATE SIGNED		
EXAMINI		S. Spri	ngate, M.D.	•	CIATE MEDICAL EX		-	arv 13	, 1972		
NAME (T	ype)	J. SPII					Jana	ary ro	,		
24A. BURIAL CREA REMOVAL (Specif		24	C. NAME of CEMETERY	or CREMATO	RY 24D. L	OCATION	(City, town,	or county)	(Stote)		
Burial	1-15-		Mt. Auburn			Baltime		ld.			
JAN 14	1972 Wallet &	25B. NAME	OF REGISTRAR	25C. F	UNERAL DIRECTO	R V. R. De	1000	DRESS	04		
VS 151-REV. 1/1/68		1 7 7	2 0	T WeT	Soul L. 31	1. 1340	5 N. (alnor	in St.		



IMPORTANT	r or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death ure of any kind; (4) Undetermined cause; (5) Deceased anounced death was in regular attendance on the deceased prior to death. Such almed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1)-620 72 00		Y HEALTH DEPARTMENT	REG. NO	72 80418
BIRTH I. NA	ME OF DECEASED	OLKINICA			
(Туре	or Print)	Vorris	/	HOUR OF DEATH	6408M W
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE	PRONO UN CED DEAD	4. USUAL RESIDENCE (Where A. STATE / & COUNT	deceased lived. If in:	stitution: residence before admission)
HOS	NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION. GIVE STREET	C, CITY OR TOWN	To 18151	2755
0	2 / 3	, /	Balto.	D. 114311	YES IN NO
110	mt. Sing: N	· 41.	E. STREET AND NUMBER	11.1	
5. SEX	6. RACE 17. 44A		12009 Ke		e
F	Negroid WID	RRIED NEVER MARRIED DIVORCED DIVORCED	8-29-8710	AGE (in years	Months Doys Hours Min.
done o	SUAL OCCUPATION (Give kind of work 108, Ki uring most of working life, even thetired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	a country)	12. CITIZEN OF WHAT COUNTRY?
11	Housewite		Va.		U.S. A.
	THER'S NAME	/	14. MOTHER'S MAIDEN NAM	<u> </u>	1 47 6
	. Albert No	orris	Louisa + To	hnsor	
15. Wo	s Deceased Ever in U. S. Armed Forces? ou unknown) (If yes, give wor or doles of se	rvicel SECURITY NO.	17. INFORMANT		ADDRESS
	NO	214-68-4985	FISIE Smi	th	Jame.
18	4/0.0	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		h 0. (1.10	BETWEEN ONSET AND DEATH
	LEADING TO DEATH his does not meen the mode of dying,	(A) IMMEDIATE CAL		& morele	Hersenger
ll lh	earl failure, asthenia, etc. It means the di- jury ar camplication which caused death.	sease.	A CONSEQUENCE OF:	0	
	ANTECEDENT CAUSES	Comme	an a.	, 0	, 0 hz
	SELECT OF CONTRACTOR OF	giving (B) DUE TO, OR AS	A CONSEQUENCE OF	sleex	noux
ll iris	e la the above cause (A) stating	the (c) Pres	lin arteriose	leroses	110
	11			***************************************	
I E ITO	HER SIGNIFICANT CONDITIONS CONTRIBU THE DEATH BUT NOT RELATED TO THE TERM SEASE OR CONDITION GIVEN IN PART 1 (A).	TING Chrone R	mel desine, hy	Krlensun.	
5 19	A-DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FI	NDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
. 01	A. A CCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examined)	218. PLACE OF INJURY (e.g., inhome, form, fociory, street, of etc.)	n or obout 21C. WHERE DID injury OCCUR?	(If In Bolilmore	City, give exact location)
<u>D</u> 21	O-TIME (Month) (Doy) (Year) (Houd)	21E INJURY OCCURRED	21F. HOW DID INJUI	Y OCCUR?	
2 IA	PP ROX.I	While Ai Noi While Work At Work			
22	I certify that (I) (this hospital) atten		112	71ta	(11)
	(we) last saw the deceased alive		11/10	40	on death occurred an the date
	d haur and from the causes stated abo			TROME (OUT) OPIN	on death occurred an the date
23/	SIGNATURE	(10,10)	A death of the country of the countr		23B, DATE SIGNED
	Realey D M	Callon MD DEGREE Phys	Med. SM	off.	1 -1-2
23	NAME (LOT ANI EV D MAT		23D. ADDRESS	C × 00	1 13/32
24A. B	JRIAL CREMATION, 24B. DATE 2	4C.NAME of CEMETERY OF CRE	MATORY 240. LOC	J. Octob	to 34 Byllo July
B	Wria / 72	Church (iem. Nor	the sales	lown, or countyl (Stote)
25A. D	ATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1. BAILEY	ADDRESS /
VS 150	-REV. 1/1/68	7 7 7 1	Keyson A. H.	1348 61	Alhoun St.



1-650	72 00	115	BALTIMORE CITY HEALTH DEPARTMENT
600	ALED		WALLEDIG CERTIFICATE

	WE	DICAL E	XAMINER'S	LEKTIFI	CATEO	F DEA	IH REG. NO	190 1	111319
BIRTH NO.	CEASED			2. DATE	Known 🔲	Month	Day	Year	Hour
(Type or Print)		RLES BRO	WN	OF DEATH	Estimoted [Day	1601	M.
4. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour '
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC		ION, GIVE STREET		JNCED DEAD	1	9	1972	10:37a
111	theran Hospi	ta1		A. STATE	Md.	n e deceosed	B. COUNTY	n. residence	1502
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	
male	negro	WIDOWED			Balto		Y	ES ^X	NO 🗆
9. DATE OF BIRT	H 10. AGE		Inder 1 Yr. If Under 24 Hrs. oths 1 Doys 1 Hours 1 Min.		ND NUMBER				
1-18-18	390 8.	1		2027	W. Nort	h Ave.			
11. BIRTHPLACE (State or foreign country)		CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME				
Marylar			JUBA		es Brow				
	JPATION (Give kind of wor working life, even if retired		BUSINESS OR INDUSTRY	VIS. MOTHE	R'S MAIDEN N	AME			
gardner	ED EVER IN U.S. ARM	Pvt.	Family	Ann	a Brown		Α	DDRESS	
(Yes, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.			Tool '			ski Stree
ves	World Way	r_l	214-14-162 CAUSE OF DEA		Ruch	veal .	2130 14.		PROXIMATE INTERVAL
4/	7		Arterioscler	• • •	rdiovasc	ular d	lisease	BETW	EEN ONSET AND DEATH
	SE OR CONDITION DIR LEADING TO DEATH	RECTLY							
(This does n	not mean the made of	dying, e.g.,	(A)IMMEDIATE C	AS A CONSEC	UENCE OF:				
injury or cor	e, osthenio, etc. It meons t mplication which coused d	leoth.)							
Δ.	NTECEDENT CAUSES		(a)						
	OR CONDITIONS, IF ALL E ABOVE CAUSE (A) ST	NY, GIVING	(B)DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYII	NG CONDITION LAST.	IATING THE	(c)						
Ó	11		(0/						
O THE DE	NIFICANT CONDITIONS	OTHE TERMINA							
20A. DATE O	F OPERATION 120B. CO		WHICH OPERATION WA	AS PERFORM	(FD			21 AUTO	PSY? (Yes or No)
2				TERT ONLY				no	
Z 22A. EXTER	NAL CAUSE WAS	228.	PLACE OF INJURY(e.g.,	in or obout 2	2C. WHERE DIE	O (If in Boltim	nore City, give ex		
	OR CONTRIB-	hom	e, form, loctory, street, office	e bldg., etc.)	NJURY OCCUR	,			
≥ 22D. TIME		eor) (Hour)	22E. INJURY OCCURRED	2	2F. HOW DID 1	NJURY OC	CUR?		
(APPROX.)				WHILE WORK					
23.									THE COLUMN
I cert	tify that I held an	Inquiry L	Inspection Lk Au	tapsy 📙	and that an	this basis	s, death in my	aplnian	
resul	ted fram: Natural co	uses X	Accident Suicid		micide		mined manner		
ACTUAL		Dul	, 0		CHIEF MEDICAL				DATE SIGNED
SIGNAT		M	wer M.D	ASSI	STANT MEDICA	LEXAMINE			
NAME (KIISSEI	1 S. Fis	her, M.D.	ASSC	CIATE MEDICA	LEXAMINE	₹ 📙	1-	10-72
24A. BURIAL CRE REMOVAL (Spec		2	4C. NAME of CEMETERY	ar CREMATO	DRY 241	. LOCATIO	N (City, tow	n, or county) (Stote)
Burial	1-17-	-1972	Gettysburg	Matic	001	Ge	ttysbur	a	Pa.
	BY HEALTH DEPT.		E OF REGISTRAR	25C.	FUNERAL DIREC			ADDRESS	
JAN 12	1 1072 20	0 3 270	200	NU	TTER FU	NERAL	HOME 3	3035 W	. NORTH A
VS 151-REV. 1/1/6	В		3 4 45 (1 U)	0' 4	3				

. 2017 N. Special type. more control of the property the state of the s sections and the contraction of the contraction of Teland

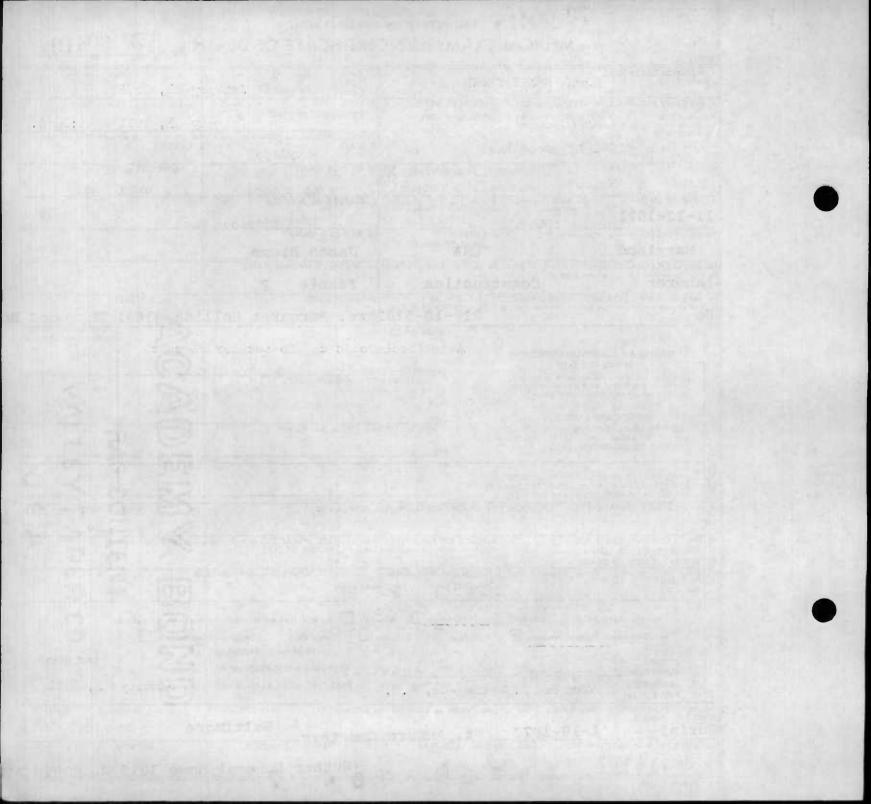
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1-25	72 0	0418	BALTIMORE CITY CERTIFICA			REG. NO.	35714	43 HA.
NAME OF DECE	ACED		CLRTITICA	TE OF D	ЕАІП			Palling
Type or Print)	ACKSON,		neredith (/ (2-72	3 20 AM
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESI	B. COUNT	deceased lived. If i	nstitution; res	idence before admission!
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	C. CITY OR TOW	· Quar-		SIDE CITY LIM	1504
2					timore	-	YES T	NO 🗌
o M GH				E. STREET AND	NUMBER REC	tels town	Rd.	
Male	Negro	7- MARRIED WIDOWED	2 DIVORCED	8. DATE OF BIRT	113 10	AGE (in years st birthday)	If Under Months: L	1 Yr. If Under 24 Hrs. Doys Hours Min.
	PATION (Give kind of work orking life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country	12. CITIZE	N OF WHAT COUNTRY
	gaer	Box	th steel	n	od.			1180
FATHER'S NAM		1-01	7,	14. MOTHER'S	MAIDEN NAM	E		nou
Andrew	Jackson			Anita	Harde	n		
Wes Deceased B	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT				ADDRESS
NO NO	If yes, give war or dote	s of service)	218-10-29-26			son 2418		erstown Rd
DISEASES OR rise la lhe UNDERLYING	sibenia, elc. Il means licalian which caused NTECEDENT CAUSES CONDITIONS, il abave cause (A) CONDITION last.	death.) Dry, giving staling the NIRIBUTING HE TERMINAL	(B) DUE TO, OR AS		Arrest .	u Ca nimaly-a		
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	OPERATION 198 CONI WAS PERF	DITION FOR Y	WHICH OPERATION	20A. AUTOPS	(? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS C	ONSIDERED
) 21 A. ACCIDENT	WAS UNDERLYING DINO CAUSE OF		PLACE OF INJURY (e.g., in e., farm, factory, street, of			(If In Boltimo	re City, give	exoct location)
*	Manth) (Doyl (Year)		INJURY OCCURRED ile At	1	W DID INJUI	Y OCCUR?		
that (i) (we) I	nat (1) (this hospital)	d alive on	1-12-	1-6	and that	72_to In(my) (our) apl		occurred an the date
		ed abave. ()	(We) (did) (did not) v	ew the bady of	ter death.			
23A. SIGNATURE	nancia	ale	DEGREE Phys	nding Me	id. Sh	off 🔀	23B, DATE	SIGNED 1-12-72
23C. PHYSICIAN NAME (Typ	mane	MAL	A 2	3D. ADDRESS	non	127-	Live	le are
REMOVAL (Spe	ATION, 248, DATE	24C. NA	AME of CEMETERY of CRE	MATORY	24D. LOC	ATION (C	ity, town, or o	countyl (Stote)
Burial	1-17-7	2 Ar	butus Memor	ial Park	Bal+	imore	Co	Maruland
JAN14		258. NAME O		25C. FUNERAL	DIRECTOR		3035 v	Maryland Address NORTH AV
150-REV- 1/1/68			- 60				3033 V	· · MOTATH WA

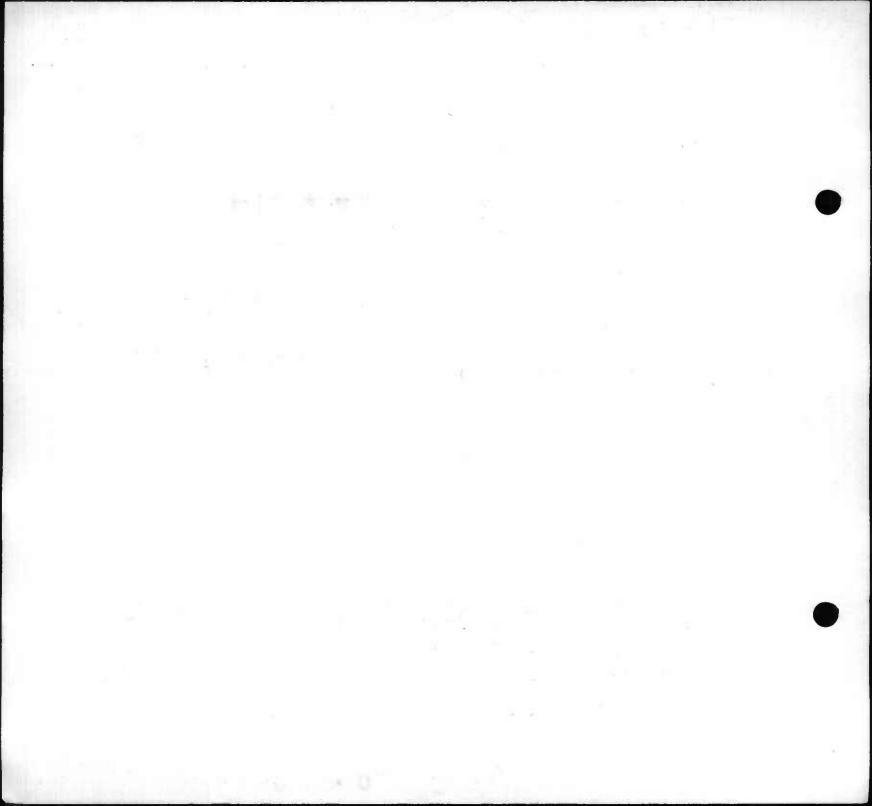
Raggette Beth Social Made 3.3 MCH 127 Level were The transport of the destroy countries of

B-650 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

100		MEL	ЛСAL	· EAA	AMILIAEK O	CK HILI	CALEUI	UEAI		6.50	ALC: UNKNOWN	7.5	
BIRTH NO.									REG. NO	·			
I. NAME OF DE	CEASED	TOTAL II	ENTINE	DDOCE	,	2. DATE	Known 1	Month	Day	Yes	or Hour		
(Type or Print)		JOHN H	ENKY	BROWN	V	OF DEATH	Estimoted	Janua	ry 13,	1972		M.	
4. PLACE IN BA	ALTIMORE, MA	RYLAND, Y	VHERE PE	RONOUN	NCED DEAD	3. DATE		Month	Doy	Ye	or Hour		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPIT	AL OR INS	TITUTION,	GIVE STREET		UNCED DEAD	Janua		1972		35 A.M.	
00	3601	Edgew	ood R	oad		A. STATE	Marylan		B. COUNTY		15	mission)	
6. SEX	7. RACE		B. MARR	HED T	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMI	TS?		
Male	Negr	co	WIDOV	Lead	DIVORCED [Baltimo	re		YES 🗔	NO 🗆		
9. DATE OF BIR		10. AGE (I			1 Yr. II Under 24 Hrs. Doys Hours Min.	E. STREET	AND NUMBER						
11-12-1		10	00				3601 Ed	gewood	Road				
II. BIRTHPLACE		n country)		t2. CITIZ		13. FATHER	41.14						
Maryl					A COUNTRY?		ob Brow						
4A.USUAL OCC	UPATION (Give working life, eve	kind of work en Ifretired)			INESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	AME					
Laborer					ction	Fan	nie ?						
6. WAS DECEA Yes, no or unknow NO	SED EVER IN	U.S. ARMEI	FORCES	? 17.	SOCIAL SECURITY NO.	18. INFOR				ADDRESS			
No				2]	18-10-520	Mrs.	Margare	t Holl	iday	3601	Edge	boow	R
19. 4	24				CAUSE OF DEA						APPROXIMAT	E INTERVAL	
DISEA	SE OR COND	ITION DIPE	CTIV		Arteriosc1	erotic	cardiova	scular o	disease		DETWEEN ONS	II AND DEATH	
0.022	LEADING TO		CILI		(A)IMMEDIATE	ALICE				1.0			
(This does	not meon the	mode of dy	Ing, e.g.,			AS A CONSEC	UENCE OF:				***************************************	·	
injury or co	emplication which	h coused de	oth.)										
	NTECEDENT	CALISES			4.4					-			
DISEASES	OR CONDITIO	ONS, IF AN'	, GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:						
RISE TO THE	HE ABOVE CAU	JSE (A) STA	TING THE										
0					(c)								
O THE DI	NIFICANT CON	RELATED TO	THE TERM	INAL									
	R CONDITION				ICH OPERATION W	AC DEDECTA	ED.			121 AI	ITOREVA (Y	as as Na	
	or Example	200. CO	ADIIIOIA	rok will	ICH OFERALION W	AS PERFURIV	TED .			21. AL	JTOPSY? (Y	es or No)	
₹ 22A. EXTE	DAIAL CALIER	MAG		220 81 4	CE OF INTURY			44			No		
UNDERLYIN	RNAL CAUSE ' G∐OR CON' AUSE OF DEA	TRIB-		home, for	CE OF INJURY (e.g., m, foctory, street, office	e bldg., etc.)	NJURY OCCUR?	(If In Boltimor	e City, give e	xoct location	on)		
OF INJURY		oy) (Yeo	r) (Hou) 22E.!	NJURY OCCURRED	2	2F. HOW DID II	NJURY OCCL	JR?				
(APPROX.)				m. WHILI		WHILE CORK							
23.				III., WOK	<u> </u>	OKK	4						
1 ce	rtify that I he	eld an 1	nquiry [ln	spection X Au	tap sy	and that an	this basis,	death in m	y opinio	n		
resu	Ited from: N	otural cau	ses V	Acci	dent Suicid	le 🗌 Ho	micide 🗌	Undetermir	ed manner				
	On	0	7	0	. 1		CHIEF MEDICAL	EXAMINER					
SIGNA		aille	1.0	Lorn	igati "	ASSI	STANT MEDICAL	EXAMINER	X		DATE S	IGNED	
EXAMI		nt 1	- 0	1	M.D	. ASSC	CIATE MEDICAL	FYAMINED	☐ Jan	1110277	13, 19	772	
NAME	(Type)		S De		ngate, M.D.			EXAMILATE.	L Jai	lualy	1.09 1.	772	
24A. BURIAL CRI REMOVAL (Spe		48. DATE	0.33	24C. N	IAME of CEMETERY	ar CREMATO	PRY 24D	LOCATION	(City, lov	wn, or cou	nty) (Stote)	
Burial		-18-1	972	M+	7.25	0	В	altimo	re		Md		
25A. DATE REC'I				AME OF	REGISTRAR	lemet	UNERAL DIREC	TOR		ADDRESS			
JAN 1	4 1972	ReBert	3.30	e0	Ash -		tter Eu					י זישמר	7.1
/S 151.PEV. 1/1/	48			1 6		1			JUNIE .	2033	W. INC	KIH	7



72 00420 CERTIFIC	ATE OF DEATH REG. NO. 72 00420
I.NAME OF DECEASED William Mayo	2. DATE AND HOUR OF DEADY 72 5:50 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceosed lived. It institution residence before admission) A. STATE Md.
Good Samaritan Hospital	C. CITY OR TOWN Baltimore E. STREET AND NUMBER PLANTAGE O. INSIDE CITY LIMITS? YES NO OTHER TOWN OTHER TOWN NO OTHER TOWN OTHER T
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years I(Under 1 Yr. I(Under 24 Hrs. Months Doys Hours Min. Months Doys Min. Months Doys Hours Min. Months Doys Mi
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done during most of working life, even it refired) Retired WIDOWED DIVORCED BUSINESS OR INDUST Bethlehem Steel Con	4-17-95
Thomas T. Mayo	14. MOTHER'S MAIDEN NAME Lena
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown! (It yes, give wor or dotes of service) 10 216-07-4935	Mr. Albert M. Mayo 2015 E. Chase St. 21213 Mr. Milton A. Mayo 209 N. Pulaski St. 21223
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heori foilure, osthenio, etc., it meons the disease,	Adenocarcinoma of stomach l year
injury or complication which coused death.) ANTECEDENT CAUSES	AS A CONSEQUENCE OF:
ise to the above cause (A) stoling the UNDERLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED U 21A-ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g or contributing Cause of home, form, focioly, street,	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 1. in or obout 21C. WHERE DID office bldg., INJURY OCCUR? (If In Boltimore City, give exect locotion)
DEATH (noilfy medical examined etc.)	Office bldg. INJURY OCCUR?
OF INJURY (APPROX.1 While At Not Work At Wo 22. 1 certify that (1) (this haspital) attended the deceased from	hile D
that M (we) last sow the deceased olive on Jan. 12 ond hour ond from the couses stated obave. M (We) (did) to the couses (stated obave. M) (We) (did) to the couses (stated obave. M) (We) (did) to the couses (stated obave. M)	19.72 and that in (My) (our) apinion death accurred on the dole
23A. SIGNATURE (durin 1/159) DEGREE A	Attending Med. Staff Whys. Staff 1/13/72
23C.PHYSICIAN'S NAME (Type) Michael Colvin, M.D. 24A. SURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of C	
Burial 1-16-1972 Mt. Calvary Co	emetery A.A. Co., Maryland
JAN 1 4 1972 Page E Talke Ag.	OMarshall W. Jones, Jr.

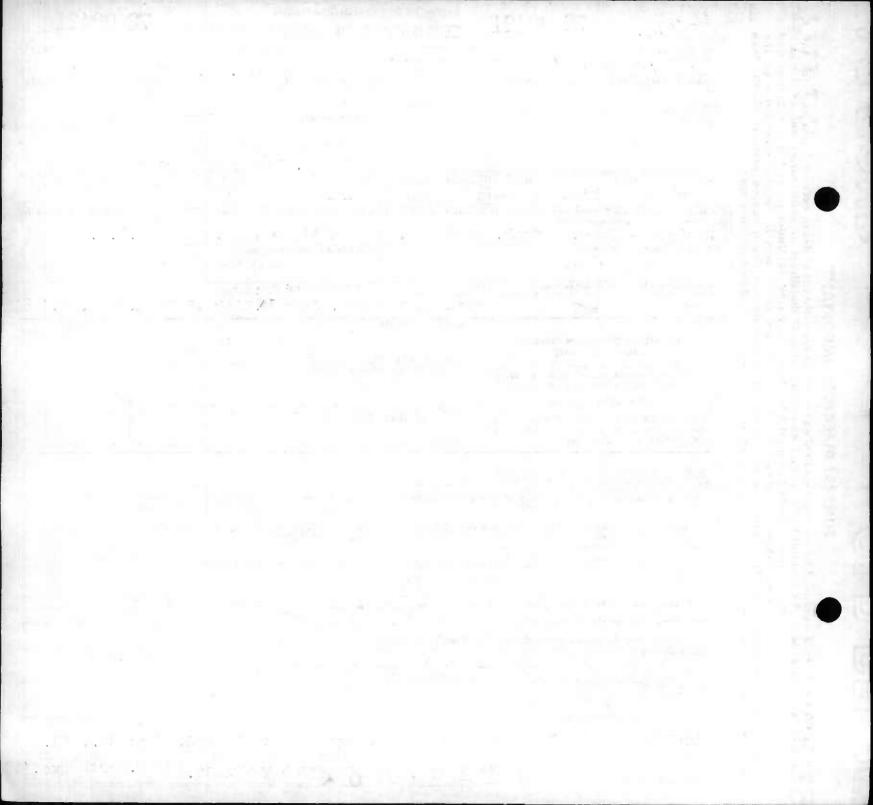


FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	11 -	7777	o to i	BALTIMORE CITY	HEALTH DEPART	MENT	70.00404
В	RTH NO.	15	10451	CERTIFICA	TE OF DE	ATH REG. NO	- TE UU 9 EL
	NAME OF DECEA	SED			2.	DATE AND HOUR OF DEATH	
1.,	ype or Print)	hn Hisky (JOHN G	UIDO HISKY)		Ion 17 10	72 5:15 A.
3.	PLACE IN BALTIA	ORE MARYLAND, W	HERE PRONC	OUNCED DEAD	A. STATE	NCE (Where deceased lived, II B. COUNTY	institution: residence before admission)
III H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	TUTION, GIVE STREET	Md c. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
1					Balti	more	YES A NO
100	7 MERCY	HOSPITAL.			E. STREET AND N		
1	5				3900 N	. Charles St	21218
5.	SEX 6.	RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un yeors	Il Under 1 Yr., Il Under 24 Hrs.
	Male	white		_ =	1-3-98	lost birthday	Months Doys Hours Min.
10/	dita.	6.5	WIDOWED	DIVORCED TO BUSINESS OR INDUSTRY		13	
do	ne during most of worl	king life, even if retired)	IVE KIND O	L BOSINESS OK INDUSTRE	I I BIKI HPLACE (SI	tole or toreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retired	- Exec.	Beth.	Steel Co.	Balti	more, Md.	U.S.A.
13.	FATHER'S NAME	Foley			14. MOTHER'S MA		
		omas/Hisky				Hannah McClella	nd
15. (Ye	Was Deceased Evers no or unknown ! ((f	er in U. S. Armed Fore	es?	SECURITY NO.	17. INFORMANT	Wife:	ADDRESS
	WWX Yes	WWI		213-18-1707	Mrs. To	hn G. Hisky, 39	00 N. Chas. St. (18)
<u> </u>	118.	HWI		CAUSE OF DEATH			APPROXIMATE INTERVAL
	(This does not heart failure, ast injury or complic AN' DISEASES OR rise to the	ADING TO DEATH mean the mode of henia, etc. If means cation which caused IECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	the disease, death.) any, giving	(B) DUE TO, OR AS	SE CONSEQUENCE OF	and I	
ERTIFICATION	TO THE DEATH B	NT CONDITIONS CON UT NOT RELATED TO TH DITION GIVEN IN PART PERATION 1198 CONF	E TERMINAL	ARCHITECTURE OF COMPANY			***************************************
RTIFE	O	WAS PERF		WHICH OFEKATION	NG AUTOPSTE		FINDINGS CONSIDERED AUSES OF DEATH?
CALC	21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING THE CAUSE OF Codicol examined	21 B hom etc.	PLACE OF INJURY (e.g., in ne, form, foctory, street, off)	or about 21 C. WHE	RE DID (II In Boltimo	re City, give exect location)
0	21D, TIME (N	lonth) (Doy) (Year)	(Houd 21E	INJURT OCCURRED	21 F. HOW	DID INJURT OCCUR?	
ξ	OF INJURY (APPROX)		Wh	ile At Not While			
			Wo				
	22. I certify the	it (1) (this hospital)	attended t	he deceased from	1-6	19 12_ to	1-11 1972
		it saw the decease		1-11	19 72	and that In(my) (our) op	Inlan death occurred on the date
	and have and fe	om the causes state	ed above. () (We) (did) (did not) vi	ew the body afte	r death.	
	23A-SIGNATURE		-	1			23B DATE SIGNED
	m	117	11/1	At la) Atter	nding Med.	Staff	
	23C. PHYSICIAN'S NAME (Typel	race 1.	Men		3D. ADDRESS		
	MICH		PINT	MD.			
24/	A. BURIAL CREMA	TION, 248, DATE	24C. N.	AME OF CEMETERY OF CRE	MATORY	24D. LOCATION (C	ity, town, or county! (Stotel
	Burial	1/14/7	2 St:	ill Pond Cem			Kent Co., Md.
25		The second secon					

11 -	7913	on to a	BALTIMORE CITY	HEALTH DEPARTMEN	NT	mm 00404
17-200)	00451	CERTIFICA	TE OF DEAT	H REG. NO	-72 TRIGET
I, NAME OF DEC	EASED				TE AND HOUR OF DEAT	М
(Type or Print)	ohn Hisky (JOHN G	UIDO HISKY)	2.00		
	TIMORE MARYLAND, V			4. USUAL RESIDENCE	(Where deceased lived, II	institution: tesidence belote admission
FILL NAME OF				A' ZIVIE R'	COUNTY	1701
FULL NAME OF	ADDRESS OR LOC	ATION	UTION, GIVE STREET	Md c. CITY OR TOWN	10.00	1201
NOTTUTION						VSIDE CITY LIMITS?
7 MER	CY HOSPITAL			Baltimon		YES X NO
51	OL HODITIAL			3000 M 0	Charles St	21218
. SEX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un veors	II Under 1 Yr., II Under 24 Hrs
wale	white	WIDOWED		4-3-98	lost birthday)	Months Doys Hours Min.
270	6.1		F BUSINESS OR INDUSTRY	13. BIRTHPLACE (Stole (or foreign country)	12. CITIZEN OF WHAT COUNTR
one during most of v	working life, even if retired)					
	- Exec.	Beth.	Steel Co.	Baltimo		U.S.A.
3. FATHER'S NAA	LOTA			14. MOTHER'S MAIDE		
T	homas/Hisky			Ha	nnah McClella	ınd
S. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT WI	fe:	ADDRESS
WWX Ye			213-18-170			000 N. Chas. St. (18
118. // /	6 C4 1		CAUSE OF DEAT		00111101113937	APPROXIMATE INTERVAL
Tourse	E OR CONDITION DE	AF 400 W		1/	1	BETWEEN ONSET AND DEAT
	LEADING TO DEATH	KECILI		1/ 6/	1111	
		1.40	(A) IMMEDIATE CAU	SE Ent. /	elvel later	
heart failure.	of mean the mode of asthenia, etc. It means	the disease	DUE TO, OR AS	CONSEQUENCE OF:		
injury or com	plication which caused	death.)	//			,
A	ANTECEDENT CAUSES		1/6 3	- M	0//	/ /
DISEASES O	R CONDITIONS, if	any siving	(B) OR AS	A CONSEQUENCE OF:	at the	44
rise to the	above cause (A)	stating the	200 10, 0 0 70	A CONSEQUENCE ON		
UNDERLYING	CONDITION last		(c)			
	11					
OTHER SIGNIFI	CANT CONDITIONS CO					
DISEASE OR CO	DNDITION GIVEN IN PAR	T 1 (A).	(Panesan			***************************************
OTHER SIGNIFI TO THE DEATI DISEASE OR CO	OPERATION 198 CON		WHICH OPERATION	20 A. AUTOPST? (Yes		E FINDINGS CONSIDERED
				N6		
OR CONTRIBU	TING CAUSE OF	21 B,	PLACE OF INJURY (e.g., in a form, fociory, street, of	or about 21 C. WHERE D	ID (If In Boltim	ore City, give exact location)
DEATH (notify	medical examined	elcal			-	
21D. TIME	(Month) (Doy) (Year)	(Hour 21E	INJURT OCCURRED	21 F. HOW DIE	D INJURT OCCUR?	
(APPROX.)		Whi	ile At Not While			
		Wo				
22. I certify	that (1) (this hospital) attended t	he deceased from	1-6	19 12 to	1-11 1972
	last saw the decease		1-1/	19 72	ad that In(my) (aux) as	pinian death occurred on the dot
			\ (W_\ (3) (3) (3)		intuly tour of	Annual death occurred on the dot
23A-SIGNATU		ed dbove. (I) (We) (did) (did not) v	ew the body after de	ath.	
100	7,7	4/1	-se) > 1	ding === Had =	- St-# -	23 R. DATE SIGNED
Mer	had T.	May	DEGREE Phys	nding Med. Director	Staff Phys.	
23C. PHYSICIAI	N'S			3D. ADDRESS		
Min	HAEI F	PINT	T MD			
A. BURIAL CREA		124C. NA	AME OF CEMETERY OF CRE	MATORY 124	D. LOCATION (6	City, town, or county! (Stotel
REMOVAL (S	pecifyl	70 01				
Burial		The state of the s	ill Pond Cem	etery	Still Pond,	Kent Co., Md.
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME C		25C. FUNERAL DIRE	CTOR	ADDRESS
LANTA	117 Wallet &	dollar	MD O O	SHEWART: &	MOWEN CO. 1	08 W. North Ave.
\$ 150-REV. 1/1/6	8				-4	



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

9	2-126	72 0043		TE OF DEATH	REG. NO	72 00422
1.1 1.1 1.1	NAME OF DECEASED PAUEORGIOU		CLNIIICA	2. DATE AN	D HOUR OF DEATH	,
3,	PLACE IN BALTIMORE M.	ANYLAND, WHERE PE	ONOUNCED DEAD			tulion: residence before admission)
FU	*		NSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSIDE	1903 CITY LIMITS?
S	T AGNES HOSP	ITAL		E. STREET AND NUMBER 1822 WILHELM		21 22 3
FE			WED DIVORCED	8. DATE OF BIRTH 12/12/87	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 His. Nonths Doys Hours Min.
nob	during most of working life, e	ve kind of work 10B, KIN ven if retired)	D OF BUSINESS OR INDUSTRY — #	11. BIRTHPLACE (State or forei	gn country)	GREERE
	FATHER'S NAME	NII		14. MOTHER'S MAIDEN NAM (HATZ KOLU)D		
15.	Was Deceased Ever in U. s, no or unknown) (If yes, give	Armed Farces?	ice) 16. SOCIAL SECURITY NO. NO NE	17. INFORMANT REC	ORD'S BALT	IMOREPHES 21229 ENS & CATON AVI
14	18. // / / / / /		CAUSE OF DEAT		FIIAL WILK	APPROXIMATE INTERVAL
NON	injury of complication with ANTECEDER DISEASES OR CONDITION tise to the obove UNDERLYING CONDITION OTHER SIGNIFICANT CONTO THE DEATH BUT NOT	NT CAUSES FIONS, if any, gi cause (A) stating ON last.	the (c) atrible	.C.V.D - A CONSEQUENCE DE: FLEVILLATION) ——	
CERTIFICATION	DISEASE OF CONDITION G		OR WHICH OPERATION	NO	208, IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
EDICAL CE	21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exa	DERLYING USE OF	21B PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or about 21 C. WHERE DID fice bldg. INJURY OCCUR?	(II In Boltimore C	ity, give exact location)
MEDI	21D-TIME (Month) II OF INJURY IAPPROX.)	Doy) (Yeon) (Hour)	21 E INJURY OCCURRED While At Not While Wark Not Work	21F. HOW DID INJU	RY OCCUR?	
			ed the deceased fram JAN on JANUARY 10		9 72 to JANUA t In(My) (our) apinio	RY 10, 19 /2 n death accurred an the date
	and hour and from the	couses stoted above	•·X(X(We) (did))(d)(x)(Xv			8. DATE SIGNED 01-10-72
	23C. PHYSICIAN'S NAME ITYPE SERGIO SAN	PEDRO, M	.D.	Director L F 23D. ADDRESS ST AGNES HOSF	BALTI	MORE MD 21229 NS & CATON AVE
24A			C.NAME of CEMETERY of CRE			lown, or county) (State)
	Burial 1	12-72	Greek Orthodo:		altimore, M	
L	JAN 1 4 1972	00	Ben M. S. O.	Nicholas II	Matthews rn Ave., Ba	ADDRESS altimore, Md.

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6 Sept 3 5 5 5

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BALTIMORE CITY HEALTH DEPARTMENT		
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	72	0042

BIRTH NO.		77120			- ter(111	CATE OF		REG. NO	415		
NAME OF	DECEASED C	amper			2. DATE	Known 🏝	Month	Doy	Yeor	Hour	
Laurence XXXXXXX Hooper				OF DEATH	Estimoted	1	11	72	12:50) Р _{м.}	
4. PLACE IN E	BALTIMORE, MA	RYLAND, W	HERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRI	T IN HOSPITA	L OR INSTITUTION)	JTION, GIVE STREET		ESIDENCE (Where	1	11	72	12:50	
00	1124	Watson	Street		A. STATE	Maryland		B. COUNTY		302	
6. SEX	7. RACE		8. MARRIEL	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?		
Ma1e	Whit	e	WIDOWE	DIVORCED		Baltimore	2	Y	es 🖾 🗆	NO 🗆	
9. DATE OF BI		10. AGE (in	y) M	Under 1 Yr. II Under 24 Hrs. onths Doys Hours Min.	E. STREET	AND NUMBER	04				
12-28-1	E(State or lare)	X S (CITIZEN OF	13. FATHER	1124 Wats	son St	reet			
	Brunswi			WHAT COUNTRY?	John		ooper				
4A.USUAL OC	CUPATION (GI	e kind of work	14B. KIND C	F BUSINESS OR INDUSTRY	15. MOTHE						
	of working life, ex Lechanic					Unkno	wn				
6. WAS DECE.	ASED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR		*****	A	DDRESS		
Yes, no or unkno NO	wn) (il yes, give	wor or doles	of service)	SECURITY NO.	Tohn I	C. Hooper	_2023	Forest	Clam	Rd 212	16
19.	13 11			CAUSE OF DEA		o. Hooper	-4763	Forest	AP	PROXIMATE IN	TERVAL
71	I								BETW	TEN ONSET AN	ID DEAT
DISE	ASE OR COND LEADING TO		CTLY		A			1.2	1		
(This doe	s not meon the		log, e.g.,	(A)IMMEDIATE O	AUSE ATT	eriosclero	otic c		cular		
heart foil	ure, osthenio, etc complication whi	. It meons the	disease,	DOE 10, OK	AS A CONSE	SOEMCE OL:		disease			
Intot y of	complication will	cu coosed der	····)								
	ANTECEDENT			(B)							
DISEASE	ES OR CONDITION OF THE ABOVE CALVING CONDIT	ONS, IF ANY	, GIVING	DUE 10, OR	AS A CONSE	QUENCE OF:					
UNDERL	YING CONDIT	ION LAST.	ING INE	(c)							
Ó		••		(0)							•
O TO THE	IGNIFICANT CO DEATH BUT NO OR CONDITION	RELATED TO	THE TERMIN.	IG AL							
20A. DATE				R WHICH OPERATION W	AS PERFORA	AED			21. AUTO	PSY? (Yes o	r No)
8					- 1211 - 111						,
	ERNAL CAUSE	WAC	laa	B. PLACE OF INJURY (e.g.,	to as about !	22C WHERE DID	/st s_ D_4st_	our City also and	et la sette al	No	
UNDERLY	NG OR CON	TRIB-	ho	me, farm, factory, street, offic	e bldg., etc.)	NJURY OCCUR?	(ii iii baiiim	ore City, give ex	er recurren j		
OF INJURY	(Month) (Doy) (Year	·) (Hour)	22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCC	CUR?			
(APPROX.)			m		WHILE						
23.											
	ertify that I h		nquiry L		topsy		his basis	, death in my	opinion		
res	sulted from 1	totural cau	ses X	Accident Suicid				Ined monner			
	///	111 11	111	De	puty	CHIEF MEDICAL I	EXAMINER	X		DATE SIGN	IED
ACTU	ATURE	IXM	VA	M.D	ASS	STANT MEDICAL	EXAMINER				
EXAM	AINER'S		1	0.7		CIATE MEDICAL	EXAMINER		1	L=11-72	2
	E (Type) W	erner	U. Spi	r. M.D.			1000	M 45			
24A. BURIAL C	pecify)	24B. DATE		24C. NAME of CEMETERY			LOCATIO		n, or county)		e)
Burial		1-14-1		New Cathedra				ore, Ma			
JAN	1 4 1972	Vales!	- Park Street	Bey M.D.		FUNERAL DIRECT		487.5	DDRESS	Yiha	
VS 151-REV. 1/1	1/68		14		Ar	macost F	unera	ii Chape.	1-4000	Liber	ty.
					Total Control						

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11 11 - 6 - 40	TY HEALTH DEPARTMENT A TE OF DEATH REG. NO.
BIRTH NO. 72 00424 CERTIFICATION OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Jan. 11, 19:30 P.
	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARY TANNO TO THE STATE
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
tasing Hospital of Batto	E. STREET AND NUMBER
5. SEX , 6. RACE 7. MARRIED WARRIED WARRIED	5205 CAWNVIEW AVE. A13
FEMALE CAUCASIAN WIDOWED DIVORCED	8. DATE OF SIRTH 9. AGE (in years of Under 1 Vr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if refired) St ate	Y 11. BIRTHPLACE (Stote or foreign country! ANNAPOLIS, MARYIAND 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM J. SAUNDERS	CATHERINE DORQUGHTA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
18. CAUSE OF DEA	PATUENTS MEDIENT CHART
LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. (A) IMMEDIATE CA	PINDLE CELL CA OF THOROWS AUSE C DISTANT META STASS A CONSEQUENCE OF: MANUELL CA OF THOROWS BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH AUSE C DISTANT META STASS BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of DEATH (notify medical examined)	In or obout 21 C. WHERE DID (II In Boltimore City, give exact location)
21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) While At Not Work At Work	
22. I certify that (i) (this hospital) attended the deceased from that (i) (we) last sow the deceased alive on.	19 Land that in (my) (aur) apinion death accurred on the date
DEGREE Phy	ending Med. Staff Phys. Staff
NAME (Type) CATETANO TO 125N My).	SINA HOSPITAL OF BALTO.
REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
25A, DATE REC'D BY HEALTH DEPT 25B, NAME OF REGISTRAR	EMETERY PNNAPOLIS, MARYLANG
JAN 14 1972 2008 3007 MR 0 0	Appendo Fivense stone Annayotiste

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pital and of death Such cause; (5) Deceased uo hospital ance deat COUSE attend 0 0 prior or contributing occurred Undetermined regular mad deceased .52 death disposition E MOS the 4 assistant death 0 kind: final attendance any pronounced 10 Also, embalmed fracture of the chief medical examiner examiner. regular who are 4 3 = physician remains Was medical burns No physician the any nature; (2) Body the 0 before where the body was released to the hospital obtained 9 approved (except and pe of hospital death) must An accident

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D.O.A.

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shows: (1) eceased

certificate

BALTIMORE CITY HEALTH DEPARTMENT 72 00425 72 00425 REG. NO CERTIFICATE OF DEATH BIRTH NO. I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH 30 (Type or Print) Jan USUAL RESIDENCE (Where decoosed lived, If institution; residence before admission) M. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS? OSVITA YES Catonsvi NOX E. STREET AND NUMBER 102 more Q rey 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED 9. AGE (In years Il Under 1 Yr. Months! Days NEVER MARRIED If Under 24 Hrs. Hours lost birthdoy Hemale WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) -Arbutus Estate Agent Real merican 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samue Edith E. Benson 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Catonsvi No Frank Yes B.Lipps-102 Delrey Ave. -21228 18. CAUSE OF DEATH ETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH mon the (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE 10, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined OF INJURY (Month) (Doy) (Year) (Hour) 216 INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While Al (APPROXI Wark At Work 22. I certify that (1) (this hospital) attended the deceased fram. 1000 Ta that (1) (we)-last saw the deceased alive an_ and that in (my) (our) opinian death accurred on the date and have and from the couses stated abave. (1) (We) (did) (did not) view the bady after deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 3122 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Loudon Rark Cemetery Burial 1/14/ Baltimore Maryland 25A. DATE REC'D BY HEALTH DEPT. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 736 Edmondson Ave 4 VS 150-REV. 1/1/68

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceasec	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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1/ 315		HEALTH DEPARTMENT	PIO 004	DC .
BIRTH NO. 72 00	1426 CERTIFICA	TE OF DEATH	REG. NO.	50
1. NAME OF DECEASED (Type or Print) VAIDIVIA	AURElio.	2. DATE AND HO	UR OF DEATH	2
3. PLACE IN BALTIMORE, MARYLAND, WHERE I	RONOUNCED DEAD	4. USUAL RESIDENCE (Where dec	eosed lived. If institution: residence before	re odmission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARY/2N	D. INSIDE CITY LIMITS?	307
44		BAITIMOR	YES NO	
UNION MEMO	prid Hospita	812 W.37	TH STREET.	
M WIDE	RRIED NEVER MARRIED DIVORCED DIVORCED	3-10-194 lost b	E (In years If Under 1 Yr. If U Months Doys Hour	Inder 24 Hrs.
OA USUAL OCCUPATION (Give kind of work 108, K) one during most of working life, even if refired) RETERMENT	nd of Business or industry	11. BIRTHPLACE (State or foreign co	untry) 12, CITIZEN OF WHA	· A
3. FATHER'S NAME	NE RIO	14. MOTHER'S MAIDEN NAME	111 41	
5. Was Deceased Ever in U. S. Armed Forces?	1 6- SOCIAL	17. INFORMANT	ADDRESS	
(es, no or unknown) (If yes, give wor or dotes of se	rvice) SECURITY NO.		812 W. 37th St.	21211
18.379.31	CAUSE OF DEAT			TE INTERVAL ET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(ARDIA	C ARAGST	
(This does not mean the mode of dylng, heart failure, asthenia, etc. It means the di	e.g., (A) IMMEDIATE CAU			
Injury or complication which coused death.	P	122001	PNEUMON	
ANTECEDENT CAUSES	(8) 1071		NEOMON	16
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost.	3	A CONSEQUENCE OF:	D.	
_ 11			11 + 1	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM OF DISEASE OR CONDITION GIVEN IN PART 1 (A).	TING CO	USESTIVE	H. FAILU	3 E
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING TO	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CONSIDERED	D
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	21& PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C, WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore City, give exoct locotio	on)
21D. TIME (Monthi (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?	
(APPROXI	While At Work Not While At Work	· 🗆		
22. I certify that (1) (this hospital) atten	ded the deceased fram	-9- 197	\$10 /-//	19 7 2
that (1) (we) last saw the deceased alive	on	19 7 8 and that In (my) (our) opinian death accurred	
	ve. (1) (We) (did) (did nat) v			
23A. SIGNATUR GOLLICA	ua 10 Ather Phys	nding Med. Staff Director Phys.	238, DATE SIGNED	72
23C. PHYSICIAN'S NAME (Type) ROSA.	2 1	ND. UNION	MEMORIAL	Hosp
4A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	DEGREE AC. NAME of CEMETERY OF CRE		ON (City, town, or county)	(Stote)
Burial Jan 14, 17	2 Woodlawn Cen	netery Balti	more, Maryland	
JAN 14 1972 Police 3	Bet My ()	25C. FUNERAL DIRECTOR	Q. Homes 3/18 Rose	la en
/S 150-REV. 1/1/68		The contract	THOMAS OUT THE	212-11

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A PERSONAL PROPERTY.

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	72	00427	BALTIMORE CITY HEALTH DEPARTM	
EASED			2,	DATE

ERTI	FICA	TE OF	DEATH	

Br	K-656 721	00427		HEALTH DEPARTMENT	REG. NO	72 00427
	NAME OF DECEASED		5.	2. DATE A	ND HOUR OF DEAT	н — — — — — — — — — — — — — — — — — — —
	VIOLET M.	KRAEMER		1/10		10 A. M
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If	Institution: residence before admission)
	ILL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Ma		2712
IN	STITUTION ADDRESS OF LOCA	(IION)		C. CITT OR TOWN		ISIDE CITY LIMITS?
				Baltimore City	7	YES X NO
6	316 Gittings Av	enue		316 Gittings	Avenue	
5.	SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
F	Temale White	WIDOWED	DIVORCED	July 11,1880	lost birthdays	Months Doys Hours Min.
10/	USUAL OCCUPATION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
dor	ne during most of working life, even if retired) Homemaker			Brooklyn N.Y.	,	USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AA F	
	Jacob Simonson			Mary Simons		
15.	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give war or date:	es?	1 6. SOCIAL	17. INFORMANT		A TOPPER
(Ye	s,no or unknown) (If yes, give war or dote:	of service)	SECURITY NO.			ADDRESS
_	no		CAUSE OF DEATI	Mr. Peter Krae	emer	APPROXIMATE INTERVAL
ERTIFICATION	DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meen the mode of heart failure, osthenio, etc. It means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if of the couse (A) UNDERLYING CONDITION fast. OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	dying, e.g., the disease, death.) my, giving stating the transfer of the tran	(b) Classes OF AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	l _{ens} terede disvascula	en dis 10 gz
CERTIFIC	19A DATE OF OPERATION 19B CONE WAS PERFO	DRMED		20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CA	21A- ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in long contributing CAUSE OF 10 10 10 10 10 10 10 1			ice bldg., INJURY OCCUR?	(II In Beltimo	ore City, give exact location)
MEDI	21D.TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)		INJURY OCCURRED le At Not While k At Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this hospital)	attended th	ne deceased from	ach	19 € /ta	Jan 10 1972
	that (1) (we) last saw the deceased	alive an	Jan	9 19 72 and the	at In(my) (our) ap	Inion death accurred on the dote
	and hour and fram the causes state	d abave. (1)) (We) (did) (did me) vi	ew the bady after death.		
	23A. SIGNATURE	10	. 0			23B. DATE SIGNED
	Frederick of	olline	After Phys.	Med.	Staff Phys.	1-12-72
	23 C. PHYSICIAN'S NAME (Type)		(DEGREE)	3D. ADDRESS	,	1 - 12 /2
	Frederick Vollme	er l	M.D.			
24A	BURIAL CREMATION, 248, DATE REMOVAL (Specily)	24C. NA	ME of CEMETERY OF CRE		OCATION (C	ity, town, or countyl (Stotel
254		PE NAME O		725C. FUNERAL DIRECTOR	lto. Co feld Home-	ADDRESS 6500 York Rd. 21212
75	150-REV. 1/1/68					

72 00428 BALTIMORE CITY HEALTH DEPARTMENT						
11)-362 MEDICAL EXAMINER'S	CEDTIEICATE OF DEATH	72 00428				
WEDICH EN WITH TERE	CERTIFICATE OF DEATH REG. NO.	12 00320				
I. NAME OF DECEASED	2. DATE Knawn Month Day	Year Haur				
(Type or Print) EUNICE WATERS	OF _	rear naur				
	DEATH Estimated	М.				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy PRONOUNCED DEAD	Year Hour				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	1 9	L972 '3 р м.				
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution: A. STATE B. COUNTY	residence befare admission)				
00 35 N. Monastery Ave.	A. STATE B. COUNTY	2047				
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?				
	Balto. yes					
female negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs	123	NO L				
(lost birthday) Months, Doys, Hours, Min						
Wet, 7, 1920 57	35 N. Monastery Ave.					
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME					
Software half	Lamus Co. Wallece					
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	RY 15 MOTHER'S MAIDEN, NAME /					
done during mast of warking life, even if retired)	May & Showers					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. MFORMANT ADI	DRESS				
(Yes, na ar unknawn) (If yes, give war ar dates af service) SECURITY NO.	the on the tree and to	-4 /				
214-20-630	Dannelyle Walles 33 h. 1)	lancolary upe				
19.4 5 X	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY Massive put	nonary embolism					
LEADING TO DEATH						
This does not mean the mode of dying, e.g., (A) IMMEDIATE DUE TO, OR	R AS A CONSEQUENCE OF:					
heart failure, asthenia, etc. It means the diseose, injury ar complication which caused death.)						
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OIL	R AS A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED	21. AUTOPSY? (Yes or No)				
		y e s				
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	., in or about 22C. WHERE DID (If in Boltimore City, give exact	lacation)				
S or to Entering Clock continue	ice bldg., etc.) INJURY OCCUR?					
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
OF INJURY WHILE AT ST NO	OT WHILE					
	WORK L					
23.	. 🔽					
	utapsy 🗵 and that an this basis, death in my a					
resulted fram: Natural causes 🔀 Accident 🗌 Suic	ide Hamicide Undetermined manner					
() n 6/1	CHIEF MEDICAL EXAMINER	DATE CICNIED				
ACTUAL (1811) A Kisher	ASSISTANT MEDICAL EXAMINER	DATE SIGNED				
SIGNATURE / CONTROL M	ASSOCIATE MEDICAL EXAMINER					
NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER LJ	1-10-72				
24A. BURIAL CREMATION, 24B. PATE / 24C. NAME of CEMETER	Y or CREMATORY 240 LOCATION (City, town,	or caunty) (State)				

25C. PUNERAL DIRECTOR

ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify)

VS 151-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

Children of mile

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General E. March

24-20-650 Mrs Objek Holeto 25 M. Michigan

ENTROPHENDING CONTINUES.

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14/71 William Marchalle

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111	W-326	72 00429 BALTIMORE CITY HEALTH DEPARTMENT	
	W-326	MEDICAL EXAMINER'S CERTIFICATE OF DEATH RE	G

BIRTH NO.	KEG, 140.				
1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour				
(Type or Print) Leslie Wittaker	OF DEATH Estimated 1 14 72				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Haur				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 1 14 72 6:15 a. M.				
1348 W. North Avenue	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Md.				
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
male Negro widowed Divorced	Balto. YES NO				
9. DATE OF BIRTH 7/20/25 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Doys Hours, Min.					
11. BIRTHPLACE (Stote or foreign country) Florida 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Marshall Whitaker				
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) Laborer	Minnie Culpepper				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) Ves	Mrs Thelma Gray, 4209 Pimlico Rd				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dyling, e.g., heart foilure, osthenio, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CAUSE OF DEATH Arteriosclerotic cardiovascular disease (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	ALEX PROPERTY OF THE PROPERTY				
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	NAS PERFORMED 21. AUTOPSY? (Yes or No) yes				
UNDERLYING OR CONTRIB- home, form, foctory, street, offi	i., in ar about 22C. WHERE DID (If in Boltimare City, give exoct lacotian) injury OCCUR?				
22D. TIME (Manth) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPORT)	22F. HOW DID INJURY OCCUR? OT WHILE WORK				
Certify that I held an Inquiry Inspection Autopsy Autopsy Autopsy Autopsy Inspection Autopsy Autop					
NAME (Type) PETER LIPROVIC, MID. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Y or CREMATORY (24D LOCATION (City, towns or county) (State)				
REMOVAL (Specify) 1/18/72 Mt Auburr 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Cemetry Baltimore, Md				
JAN 1 7 1972 Pale E Jacker 12 Jan 18 Par	Adolphus Halstead 1206 W North A				
V\$ 151-REV. 1/1/68					

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hospital

BALTIMORE CITY HEALTH DEPARTMENT 72 00430 REG. NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 1-13-72 Weber, Matthew 3:00 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Pasadena YES NO USPHS Hospital E. STREET AND NUMBER 34 Johnson Road 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. MARRIED NEVER MARRIED lost birthdoy Hours Male Caucasian 9-10-97 WIDOWED X DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Mechanic Austria USA Railroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Weber Barbara Besch ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 1917-19 USPHS Hosp. Baltimore. Maryland Yes CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bilateral bronchial pneumonia (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, aslhenia, elc. Il means lhe disease, injury at camplication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. Ш CERTIFICATION Glioblastoma multiformi OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 7 months TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Soltimore City, give exact location) MEDICAL DEATH (notify medical examiner etc.) (Month) (Doy) (Year) (Houd 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) At Work Work December 2. January 22, I certify that (K (this haspital) attended the deceased from that M) (we) last saw the deceased alive an January 13, 72 19 and that in(my) (aur) apinlan death accurred an the date and haur and fram the causes stated abave. XII (We) (did) (XII XXI) view the bady after death. 23 A. SIGNATURE 238, DATE SIGNED Attending [Med. Director 1-13-72 23D. ADDRESS . PHYSICIAN'S NAME (Type Belliveau, M. D. (Surg) Robert E. USPHS Hosp, Baltimore, Maryland 24C, NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) Glen Haven (emetery ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR E. Fort Ave. 4 Juneral Homes 130 VS 150-REV. 1/1/68

eath) must T 0 approval prior eceased written

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Telegraf E. Sollavann, M. A. (Sidry) | To William Hoop, - classical Employed and

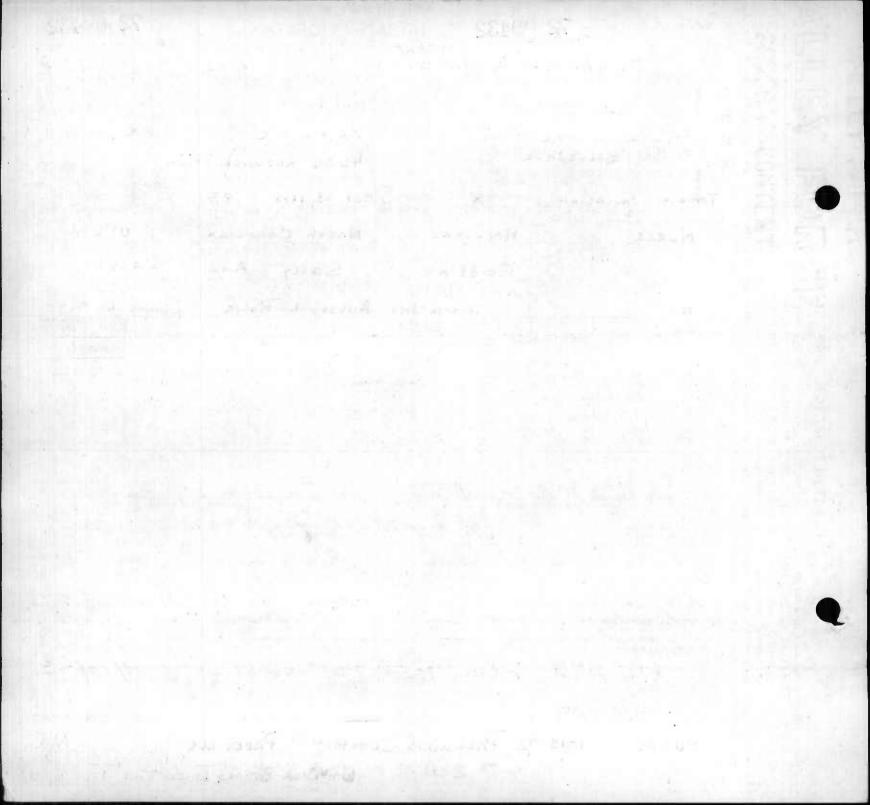
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT	and the same of th			
BIRTH NO. 72 00431	CERTIFICA	TE OF DEATH	72 00431			
1. NAME OF DECEASED (Type or Print)	SHRAMEK	2. DATE AND HOUR OF DEATH				
STEPHONIE	J. GHARAKE	VENTO JANUARY 1-	19721 6:30 pm			
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO		A. STATE B. COUNTY	nstitution: residence before admission)			
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN D. INS	SIDE CITY LIMITS?			
4-4-		BOLTS MORE YES X NO				
		E. STREET AND NUMBER Rueckert				
	40SPITING	3309 HAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
5. SEX 6. RACE . 7. MARRI		8. DATE OF BIRTH 1904 9. AGE (In years lost birthdoy) 67 XX	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10A USUAL OCCUPATION (Give kind of work 10B, KIND			12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if refired)		. Maryland	OSA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Charles J. Shramek		Sophia J. Ryba				
15. Was Deceased Ever in U. S. Armed Forces?	II 6. SOCIAL	Sophia J. Ryba	ADDRESS			
(Yes, no or unknown) lif yes, give war or dates of service	SECURITY NO.					
No	212-24-9478	Mr. Frank Shramek, 713 St	onleigh Kd. 21212			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEAT	REPORTED ASSE	BETWEEN ONSET AND DEATH			
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:				
heart failure, asthenia, etc. It means the diser injury or complication which caused death.)	ise,	A dollar deliver div	3.00			
ANTECEDENT CAUSES	4 4 4 4 4 4 4 4					
	(U) and a discount to the	ROUSULAR DRIDEN				
DISEASES OR CONDITIONS, if any, given is to the above cause (A) stating	Af	A CONSEQUENCE OF:				
UNDERLYING CONDITION last.	(c) AR	terioesclerosis				
- 11						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTINTO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED WAS PERFORMED.	OR WHICH OPERATION	20A. AUTOPST? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, a etc.)	in or obout 21 C. WHERE DID (II in Boltimo	ore City, give exact location)			
OF INJURY (APPROX.)	While At At Work	21F. HOW DID INJURY OCCUR?				
22. I certify that (I) (this hospital) attende		12/30 10/11 to	11 11 1972			
that (i) (we) lost sow the deceased alive	1 1		Inlon deoth occurred on the dote			
and haur and from the couses stated above	e. (1) (We) (did) (did not)	view the body ofter death.				
23A. SIGNAT URE			23B, DATE SIGNED			
Attending Med. Stuff Director Phys.						
23C-PHYSICIAN'S	DEGREE	23D. ADDRESS	11111			
23C. PHYSICIAN'S NAME (Type)	BALL WIFEON	1) 0 1 0 5	ent			
24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	C. NAME of CEMETERY of CH		City, town, or county) (State)			
	foreland Memoria	1 Park Baltimore Cou	nty, Maryland			
1331 10mg O						
VS 150-884 1/168	- M.D. 2 11 1)	Howard Ho Hubbard, 4107	Wilkens Ave. 21229			

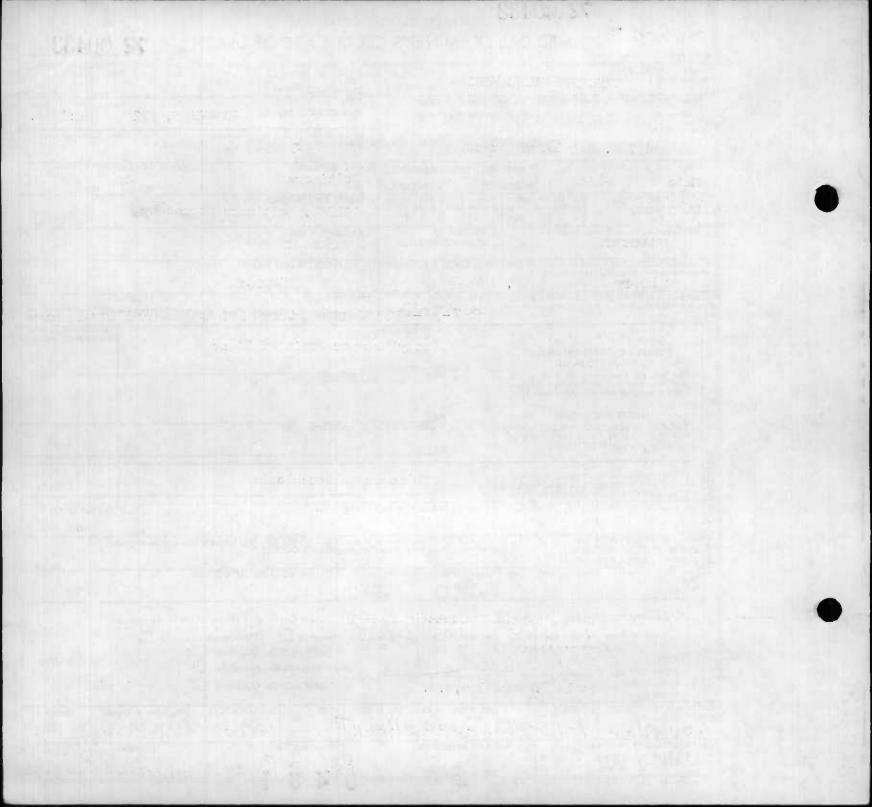
1 2 4 CHARLES TO THE REST OF THE PARTY OF THE PART

	12	0043	32 CERTIFICA	TE OF DEATH	REG. NO	16 00432
BIRTH NO.					AND HOUR OF DEAT	TH
Type or Pri	of DECEASED		METTERT		1/17/7	2 1 3550.
DI ACE	ELIZABET			4. USUAL RESIDENCE (WI	tere deceased lived. If	institution: residence befare admission
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			A. STATE B. COL		> > 111	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		MARYLAND		2114		
HOSPITAL NSTITUTIO	ON			C. CITY OR TOWN		NSIDE CITY LIMITS?
L.	LOUSE IN the	Pin	ES	BALLIMORE YES NO [
90	BRLVRARI			E. STREET AND NUMBER		
10	BELVRAFE	C 12		14636 KES	wick Ko	ad
SEX 6. RACE 7. MARRIED		D NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years last birthday)		If Under 1 Yr. If Under 24 Hrs Manths: Doys Haurs Min.		
Femal	E CAUCASIAN	WIDOWE		Oct. 13 1898	83	
OA. USUA	L OCCUPATION (Give kind of work					12. CITIZEN OF WHAT COUNTR
ane during	mast of warking life, even if retired)					U.S.A.
	JRSE	Ho	SPITAL	North CA		0.3.H.
3. FATHER	R'S NAME			14. MOTHER'S MAIDEN N	AME	
C		G	Ristin	SALLY	Ann	WALKER
5. Was D	eceased Ever in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, na or u	inknown) (If yes, give war ar date	s of service		1		SAME AS # 13E
No			223-16-2104	AULSEY L. K	own c	DAME AS # 13 E
18.	11241		CAUSE OF DEA	in .		BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DI	RECTLY		0 1	·	m.n
	LEADING TO DEATH		(A) IMMEDIATE CA		er	3.1/1
	does not mean the mode of failure, osthenio, etc. It means			A CONSEQUENCE OF	ole a c	\$ 10m,
	or complication which caused		Cit	2027	0 118	
	ANTECEDENT CAUSES		101	1 overen	lost to	JU 2 211
DISEA	ASES OR CONDITIONS, if	any, givi	ng DUE TO, OR A	S A CONSPOUENCE OF:	1	
rise	to the obove cause (A)					
UND	ERLYING CONDITION losi.		(c)			
-	11					
	R SIGNIFICANT CONDITIONS CO HE DEATH BUT NOT RELATED TO T					
▼ DISEA	SE OR CONDITION GIVEN IN PAR	T 1 (A).		20A. AUTOPSY? (Yes ar	Not 208 IE VEC WE	RE FINDINGS CONSIDERED
19A.D	ATE OF OPERATION 198. CON		R WHICH OPERATION	ZOA. AUTOPST! (Tes di	IN CERTIFYING	CAUSES OF DEATH?
		1		1016 WHITE DID	05 :- 0 -14:	C'h
, OR C	ACCIDENT WAS UNDERLYING [ONTRIBUTING CAUSE OF]	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Bolti	more City, give exact lacation)
	H (natify medical exominer)		etc.)			
21 D. T		(Haur)	21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
S OF IN			While At Nat Wh			
ALLE			Wark L At Work	()	10	1
22. 1	certify that (1) (this haspita	l) attende	d the deceased fram	you	19 FY to	Jen 17 19/2
that ((I) (we) last saw the decease	ed alive a	n (-	19 77 and	that in (my) (aur)	opinion death accurred an the do
and h	naur and fram the causes sta	ted abave	. (1) (We) (did) (did not)	view the bady after deat	h.	
	IGNATURE:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			23B, DATE SIGNED
20	10	10		tending Med.	Staff	1/17/53
	Repun	10	Well BEGREE PH	ys. Director	Phys. 🗀	111414
23 C. P	HYSICIAN'S IAME (Type)			23D. ADDRESS		,
Dr	r. Lester Kolman		DEGRE	E		WAY TO THE TOTAL
	AL CREMATION, 248. DATE	240	NAME of CEMETERY of		LOCATION	(City, tawn, or caunty) (State)
-	OVAL (Specify)	77	D 0 A	madeau D	0-10 111 -	O AA
	RIAL 1-15	25R NAM	TARKWOOD C	EMETERY T	ARKVILLE	ADDRESS
23A. DAI	REC'D BY HEALTH DEPT.	Cal	C DAG C			
JH	T (12/2	mes Agent	学, 强气口	1 Om+Coak-F	Leooks lows	ON Inc. Lowson No

VS 150-REV. 1/1/68



VS 151-REV. 1/1/68



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roved by the chief medical examiner or his assistant if death occurred in a hospital and	ilso, it the direct or contributing cause of death of any kind; (4) Undetermined cause; (5) Deceased	nunced death was in regular attendance on the ttendance on the deceased prior to death. Such is ded or final disposition is made.	
this certificate must be approved by the chief medical examiner or	he body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	a a

1 -	N-255 72 00434		THEALTH DEPARTMENT REG.	. но. 72 00434			
1.1	NAME OF DECEASED pe or Print)		2. DATE AND HOUR OF	DEATH			
	WOXHAN LEO	N .	1-13-72	4:45 P M			
	PLACE IN BALTIMORE, MARYLAND, WHERE PRO- ILL NAME OF (IF NOT IN HOSPITAL OR IN DSPITAL OR ADDRESS OR LOCATION)		A STATE B. COUNTY MARY LAND OXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ived. II institution; residence before admission)			
N	STITUTION		C. CITY OR TOWN	D. INSIDE CITY LIMITS? YES NO			
/	Sinoi Haspital of	Bothnore	E. STREET AND NUMBER 5920 WINNER AVENUE	E #21215			
5.	2/ 1 / /	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (in y lost birthdoy) JULY 15, 1901	Months Doys Hours Min.			
	LUSUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY			
I	ne during most of working life, even if retired) SAKER SHOP	(PARISERS)	POLAND	USA			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	JACOB WAXMAN		MIRIAM				
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	NO		MRS IDA WAXMAN 5920	WINNER AVENUE #21215			
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	H Use Ventucular fibrilati	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH			
	(This does not meon the made of dying, heorf failure, osfhenio, etc. It means the dise injury or camplication which caused death,)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES accorded expection						
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:				
	rise to the obove couse (A) stoting UNDERLYING CONDITION last	the (C)	after seleste Kear	+ Resine			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	10	P. Edona				
CERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A), 1994-DATE OF OPERATION 1998. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B. IF YE	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?			
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21B PLACE OF INJURY (e.g., inhome, form, foctory, street, of	n ot obout 21 C. WHERE DID (If I	n Boltimore City, give exact location)			
MEDI	21D-TIME (Month) (Doy) (Yeor) [Hour) IAPPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR	7			
	22. I certify that dir (this hospital) attend	ed the deceased from	1-13 1972 to	1.13 1972			
	that (i) (we) lost saw the deceased olive	on	19.72 ond that In (any)	our) opinion death occurred on the dote			
	and hour and from the causes stated abov	e(1) (We) (did) (did net) v	lew the body ofter death.				
	23A. SIGNATURE	Atte	inding Med. Staff	23 B. DATE SIGNED			
	Todolp Jo	Chouc M. Doegree Phys	Director Phys.	1.13 72			
	NAME (Typel RODOL FO S	- VIETBRIA OFFICE	P. Sinai Hospita	re of Bothmore			
24/	REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE		(City, town, or county) (State)			
25		NAI ISRAEL	BALTIMORE,				
	JAN 17 1972	ME OF REGISTRAR	SOL LEVINSON BROS.	,,6010 REISTERSTOWN ROAL			
VS	150-REV. 1/1/68						

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. BALTIMORE CITY HEALTH DEPARTMENT

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NO.			4

BIR	7-6, 2 TH NO.	3 72 (0435	CERTIFICA	TE OF DEATH	REG. NO.	14-00400
	AME OF DEC					AND HOUR OF DEATH	
		FURST,	IDA			11-72 3:15	5 PM M.
J. :	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. CO	Where deceased lived. II in: DUNTY	stitution: residence before admission
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	md.		2120
IN:	моприт	NOOKESS OR LOCA	11014		C. CITY OR TOWN	91710	DE CITY LIMITS?
6	10				E. STREET AND NUMBE		YES NO
	Sinai	Emergen	W RM	o wa			
5. 5	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE lin years	Il Under 1 Yr. Il Under 24 Hrs. Months; Doys Hours; Min.
	FEMA	LE WHITE	WIDOWED		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	lost birthdoyl	Months Doys Hours Min.
OA	USUAL OCC	UPATION (Give kind of world	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slole of	loreign country)	12. CITIZEN OF WHAT COUNTRY?
lon		working lile, even if relired)	1	T HOLE	DAITTMODE	MADVI AND	USA
3.	FATHER'S NA	SEWIFF ME	ΑΑ	T_HOME	14. MOTHER'S MAIDEN	, MARYLAND	USA
	TAC	OP DADTC			ESTHER	?	
5, 1	Was Deceased	OB PARIS Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS
Tet		(III yes, give war or dote	s of servicel	SECURITY NO.	MISS MARLENE	FURST, 8812 EN	FIELD COURT. APT.5
	NO	5/0		217-62-1302 CAUSE OF DEATH	MR	LAUREL, MARY	
	10	TO CONDITION DI		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DIS LEADING TO DEATH	RECILI		MACTARAC	- Minage	7
	(This does n	at mean the mode of	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	c ACIDOSIS	
	injury or con	asthenia, etc. It means oplication which caused	death.)	Δ			
		ANTECEDENT CAUSES		PRO BL	Bee DBI	INDUCED .	>
	DISEASES C	OR CONDITIONS, IF	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	The court of the c	*************************
		above cause (A) CONDITION (ast.	slating the	and Dear	UREMIA		
		11		(C)			
N O	OTHER SIGNIF	ILANT CONDITIONS CO	NTRIBUTING	7100			V
ΕI	TO THE DEAT	H BUT NOT RELATED TO THE ONDITION GIVEN IN PAR	HE TERMINAL	STARE TE	S MECLITU	S. CHF	18ARS
U		OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes) or	No. 208 IF YES, WERE F	INDINGS CONSIDERED
CERTIFI	0/1				VES	/	SES OF BEATH!
	OR CONTRIBLE DEATH (notify	NT WAS UNDERLYING [TING CAUSE OF medicol exomine)	21 B, hom etc.J	PLACE OF INJURY le.g., in e, form, foctory, street, of	or obout 21C, WHERE DIE	(If in Boltimore	City, give exact location)
0	21 D. TIME OF INJURY	(Month! (Doy) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
2	(APPROX.)		Whi	ile At Not White			
	22. Learnity	that (1) (this hospital		a dance of the	1-11		1 -11 10 72
		last saw the decease		((/ -	72,072	1710	Ion deoth accurred on the date
4				> /8/4 > / 4- 4> / 4- 4	ond	that in (my) (out) opin	ion death accurred on the date
	23A. SIGNATU		ed above. (I) (We) (did) (did not) v	lew the body after deat	h.	
	7	· Wenn	to	ALD Atte	nding Med.	Shoff D	23B. DATE SIGNED
	226 84451614			DEGREE Phys	. L Director L	Staff Phys.	1-11-72
	23C. PHYSICIA NAME (T				3D. ADDRESS	1	
	FRAN		USTEIN	MO DEGREE		OSPITAL	of Assermore.
(4A	REMOVAL 1	MATION, 248. DATE	24C.N/	ME of CEMETERY of CRE			, town, or county! State)
	BURIAL	1-13-72	OHE	L YAKOV		BALTIMORE, MAR	RYLAND
25A	DATE REC'D	BY HEALTH DEPT.	258 NAME C	13 12 3	25C. FUNERAL DIRECT		ADDRESS
	JAN 17	TOTAL CLARA	E. Ra. Ra	20	SOLALEVINSO	N & BROS.,6010	REISTERSTOWN ROAD
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de approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ital (except where the physician who pronounced death was in regular attendance on the the j and (6) No physician was in regular attendance on the deceased prior to death. Such the obtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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. NAME OF DEC	FASED		CERTIFICA	TE OF DEAT		
Type or Print)	ANNA GRU	JENNER	TOTAL PORTER	2. DA	TE AND HOUR OF DEA	***
PLACE IN BAI	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	1/15/72 (Where deceased livery II	7:15 P.M. I institution: residence before admission
FULL NAME OF HOSPITAL OR NSTITUTION			UTION, GIVE STREET	XXX MARYLAN	ND	2634
	HNS HOPKINS H	IO COTUAT		C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?
2)	MAD HOEKEND I	OSETIM		E. STREET AND NUM	BER	YES NO NO
BALTI	MORE, MARYLAN	ID 21205	5		JANTRIL WAY	
FEMALE	6. RACE WHITE	7- MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 02/24/88	9. AGE (In years last birthdoy) 83	If Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
une during musi ut	working ine, even it reilred)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of Baltimor	e, Maryland	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NA	wife			14. MOTHER'S MAIDE	N NAME	0.2.11
	e Gruenner			BARBARA	O	
es, no or unknown	Ever in U. S. Armed For	ces? s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No	No		215 14 7855	Dorothy Wo	od 3010 McB	Elderry Street
DISEASES Of the UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, if obove cause (A) of CONDITION last. II ICANT CONDITIONS CONDITIONS CONDITION GOT PART ON THE CONDITION ON THE CONDITION OF THE CONDITION O	Stoting the		arcinomia consequence of:		alen
19A. DATE OF	2 7/ WAS PERF	ORMED C	cuti garme fert	٠ ٦	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	21 B, hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21C, WHERE D	ID (If in Boltim	ore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Yearl		INJURY OCCURRED Not While At Work		INJURY OCCUR?	
22. I certify	that (1) (this hospital)			1 26	10 7/ 4- /	16 10 72
that (I) (we)	last sow the deceased	dalive on	1/15	19 7 2 an	19 _//to/ ad that in (my) (our) o	pinion death accurred an the date
23A. SIGNATU		ed above. (1)	(We) (did) (did not) vi	ew the body after de	oth.	
137.13	, i roll		Atter	iding Med. [- Sa-#	23B, DATE SIGNED
23C. PHYSICIAL	N'S ppel		M. O DEGREE Phys.	Med. Director C	Staff Phys.	11(5)72
	GENARDY M	D.	OFGREE	THE JOHNS H	OPKINS HOSPIT	PAT.
RENE A. BURIAL CREA REMOVAL (S	AATION, 24B, DATE	24C. NA	ME of CEMETERY OF CRE			City, town, at county! (State)
RENE A. BURIAL CREA	AATION, 24B, DATE			MATORY 24	D. LOCATION (

, 9 .

24C. NAME of CEMETERY or CREMATORY

Oaklawn Cemetery

25B. NAME OF REGISTRAR

24D. LOCATION

25C FUNERAL DIRECTOR

Baltimore, Maryland

(City, town, or county)

Joseph N. Zannino 263 S. Conkling St.

ADDRESS

(State)

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

248 DATE

1/13/72

24A. BURIAL CREMATION.

REMOVAL (Specify)

Burlal

VS 151-REV. 1/1/68

2-11-1972 - Completion of cause of death on a pending medical examiner death certificate
Russell S. Fisher, M.D.
HRS

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2 Stresonich Wir. Frank Knis, A. S. Kressen St. Wolfo, We.

- Cadaya Cimelar

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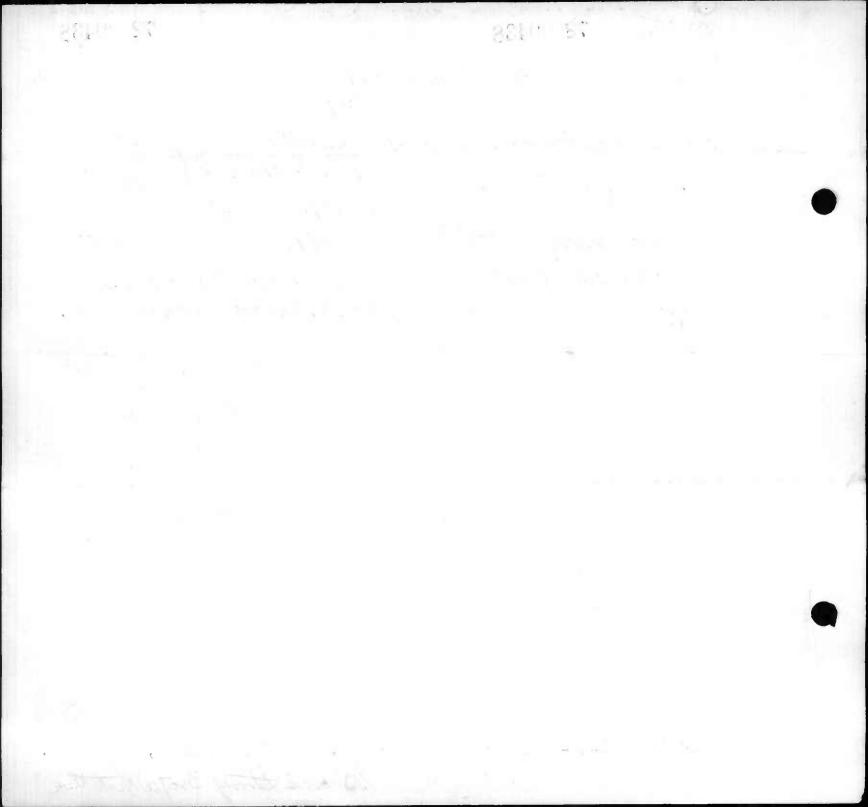
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Jeseph V. Graning 193 S. Constituents

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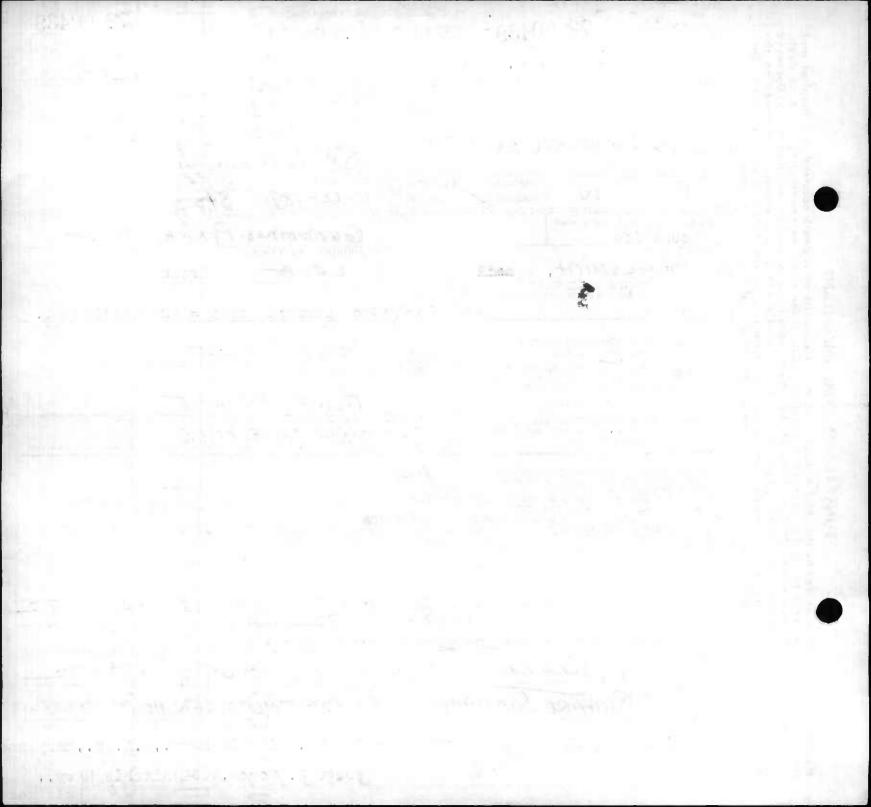
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	5455 72 0043	0	TE OF DEATH REG. NO.	72 00438
	NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH
	Schliwing Fditt	BANKhi	9Rd 1-12-7	1 1 7 7 1 14 . AA
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	Il institution: residence before admission)
F	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		Md. BALT	INSIDE CITY LIMITS?
	NORTH Charles Gener	0/ 4/0501/41	730/to	YES NO T
	49		E. STREET AND NUMBER	
5.	SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years	If Under 1 Yr., If Under 24 His.
	1 WIDOV	VED DIVORCED	11/14/19 lost birthday	Manihs Doys Hours Min.
t0	A. USUAL OCCUPATION (Give kind of work 10B. KINE one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE IStolo or foreign country!	12. CITIZEN OF WHAT COUNTRY?
	MONE SOLKSIANO > 12	wantigo.	MA	USA
13	FATHER'S NAME	-V- [A	14. MOTHER'S MAIDEN NAME	
	JACKSOBANKHARD (D		Edith Crutch	lex (0)
IY.	. Was Deceased Ever in U. S. Armed Forces? as,no or unknown) lif yes, give wor or datas of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO	213-10-5094	Paul F. Schlining 16	84 Yakona Rd.
	18. 4 36 11	CAUSE OF DEATH	1	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		0	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, or	(A) IMMEDIATE CAU	14	L 24 Days
	hear failure, asthenia, etc. it means the disec	DUE TO, OR AS	A CONSEQUENCE OF:	bolera
	injury ar complication which caused death.) ANTECEDENT CAUSES	0.11.0	- 11 1/1 /	
		(B) EV/	e hi availal h	imply 4 Month
	DISEASES OR CONDITIONS, if ony, givenise to the above cause (A) stating	ing DUE TO, OR AS	A CONSEQUENCE OF:	
	UNDERLYING CONDITION last.	(c) Bld	sare all dun	3 nonth
ERTIFICATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN	IG AL		
10	DISEASE OR CONDITION GIVEN IN PART 1 (A).	R WHICH OPERATION	20A. AUTOPSY? IYes or No. 20B. IF YES. WE	
	WAS PERFORMED		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF	21& PLACE OF INJURY (e.g., in home, farm, foctory, street, aff etc.)	or obout 21C. WHERE DID (If In Bollin ice bidg. INJURY OCCUR?	nore City, give exect location)
E C	21D-TIME (Month) (Doy) (Year) (Haur)	TE INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
1	(APPROX.)	While At Not While		
		Work L At Work		
	22. I certify that (I) (this hospital) attende	d the deceosed from	12-29-19 7/ 10	1-12 1972
	that (1) (we) last sow the deceased office o		19ond that In(my) (our) o	pinion deoth occurred on the date
	ond hour and fram the causes stated above	. (1) (We) (did) (did not) vi	ew the bady ofter deoth.	
	1/a	Land MS Atten		23B, DATE SIGNED
	veent Salmir	apple MA Affen Phys.	Med. Staff Phys.	1-12-72
	23C.PHYSICIAN'S NAME (Typel	2:	3D. ADDRESS	
	VEENA SATHIRA	ITUL M. DEGREE	NORTH CHARLE	S GEN HASA
24/	REMOVAL (Specify) 24B, DATE 24C.	NAME OF CEMETERY OF CREA		City, town, or county)
		ulaney Valley	Mem. Cockeysvi	lle, Md.
		E OF REGISTRAR	259. FUNERAL DIRECTOR	ADDRESS
1	AN 17 1977 Robert E Jack	12.72.02 0 D	Valorial Atomes 3	Tre) Nin Con
VS	150-REV. 1/1/68		The state of the s	CILLIVOID TO



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

1.1 1105	BALTIMORE CITY	HEALTH DEPARTMENT		mo 00400
DIRTH NO. 72 00439	CERTIFICA	TE OF DEATH	REG. NO.	72 00439
1. NAME OF DECEASED ANDAC.	NALTON	2, DATE AND H	OUR OF DEATH	1 4 10
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO FULL NAME OF HOSMITAL OR INSTITUTION ADDRESS OR LOCATION!	UTION, GIVE STREET	A. STATE R. COUNTY A. STATE R. COUNTY C. CITY OR TOWN	D. INSIDE C	2201
South-BALTIMOREGEN		E. STREET AND NUMBER 828. WILLIA		. NO
SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	6. DATE OF BIRTH 9. A lost	GE (In years If birtheless Mo	Under 1 Yr. If Under 24 Hrs. Inths Doys Hours Min.
CA USUAL OCCUPATION (Give kind of work 108, KIND Of one during most of working life, even if refired) Housewife	BUSINESS OR INDUSTRE	11. BIRTHPLACE (Stole or foreign of		CITIZEN OF WHAT COUNTRY?
BCACKSMINT, EM	iı	LENA	Gross	
S. Was Deceased Ever in U. S. Armed Forces? les, no or unknown! (If yes, give war or dotes of service)	SECURITY NO.	17. INFORMANT 2-B. Doranne Ha		ADDRESS
21A. ACCIDENT WAS UNDERLYING 218	(B) DUE TO, OR AS (C) TNT AGE WHICH OPERATION (AL OBSTICUCT PLACE OF INJUSY (e.g., 1)	A CONSEQUENCE OF: RETVAL FA A CONSEQUENCE OF: ESTINAL OBSTRU	CTION B. IF YES, WERE FINDING CAUSES	NGS CONSIDERED OF DEATH?
DEATH (notify medical examiner) elc. 21D.TIME (Manth) (Day) (Yearl (Hour) 21E	INJURT OCCURRED	21F. HOW DID INJURY	OCCUR?	
22. I certify that (I) (this hospital) attended to that (I) (we) lost sow the deceased alive on ond hour and from the causes stated abave. (I 23A. SIGNATURE	ne deceased fram	19 7 2 and that in lew the body after death.	23B,	death accurred on the date DATE SIGNED $1-(2-7)$
23C. PHYSICIAN'S NAME (Typed RICHARD SIA	HAAN DEGREE	SO. BIYLTIMOR	E.GEN. Ho	
Burial 1/13/72 Gle		orial Pk. Ritch		A.A.Co. Maryla
A PATE ACCES OF HEALTH BEPT. 258, NAME C	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
\$ 150-REV. 1/1/68		Dorbo O. Jaoue	Cyvoor Kr	Baltimo



1	2-3016 100 00440		HEALTH DEPARTMENT REG. NO.	72 00440
	H NO.	CERTIFICA	TE OF DEATH	
	AME OF DECEASED		2. DATE AND HOUR OF DEA	. (1:0
	Max John Patzold LACE IN BALTIMORE, MARYLAND, WHERE PRONO	INCED DEAD	January 13, 19	72 8. P. m
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION LINAME OF ADDRESS OR LOCATION)		Maryland	2706
INS	TITUTION		C. CITY OR TOWN	NSIDE CITY LIMITS? YES X NO
6			E. SIRELI LANDI NUMBER	1E2 X
	2101 Woodbourne Ave		2101 Woodbourne Ave	
5. 5		NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Months Doys Hours Min
	Male White WIDOWED		Jan. 16. 1899 72	Trioninis Boys Fronts
	USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign country)	12. CITIZEN OF WHAT COUN
	letired Tool & Die Make	r	Germany	U.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Paul Patzold		Marie Dorn	
5. V	Nos Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
J	na arunknown) (If yes, give war ar dotes of service)	212-07-541	Mrs Louise Patzold	Same
	18.///	CAUSE OF DEAT		APPROXIMATE INTERV
	DISEASE OR CONDITION DIRECTLY		10 000	BETWEEN ONSET AND D
	LEADING TO DEATH	(A) IMMEDIATE CAL	SE Corones Obelusion	
	(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OP:	
	injury or complication which caused death.)	1.1	- 00 0- 0-1/0-	
	ANTECEDENT CAUSES	(B) AM EN	cosaleleinta Mis	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	
	UNDERLYING CONDITION lost.	(C)	•••••	
7	ll l			
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR N	WHICH OPERATION	20A. AUTOPSY? (Yes at No) 20B, IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
RTIFIC	WAS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID (If In Baltifice bldg., INJURY OCCUR?	mare City, give exoct location)
CAL	DEATH (notily medical examiner) etc.			
EDI	21D. TIME (Month) (Doy) (Yeor) (Haur) 21E, OF INJURY	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.) Whi	ile At Not While		
	22. I certify that (I) (This heaptral) attended to	he_deceased fram	Dan 1953 to	Junuary 13 1977
	that (I) (Inc.) last saw the deceased alive an	Joan 5- C	1 001	aplnian death accurred an the
	and haur and from the causes stated above. (I	(Wat (did) (did mot) v		
1	23A. SIGNATURE			23 B. DATE SIGNED
	Leus Many	Phys	nding Med. Shaff Director Phys.	1/1472
	23C.PHYSICIAN'S NAME (Type)	DEGKEE	23D. ADDRESS	
	Charles E Carr	M.D.	3900 North Charles	St Baltimore. M
24A	BURIAL CREMATION, 24B. DATE 24C. NA	AME of CEMETERY of CRI		(City, town, or county) (Sto
	REMOVAL (Specify)			
25 A	Burial 1/17/72 G	ardens Of Fa	25C. FUNERAL DIRECTOR	Maryland ADDRESS
	IAN 1 17 1079 De do 3 3	2.000		
100	TO DEL TRANSPORTE	MA	Leohard O Ruck Inc	. Baltimore, Mo

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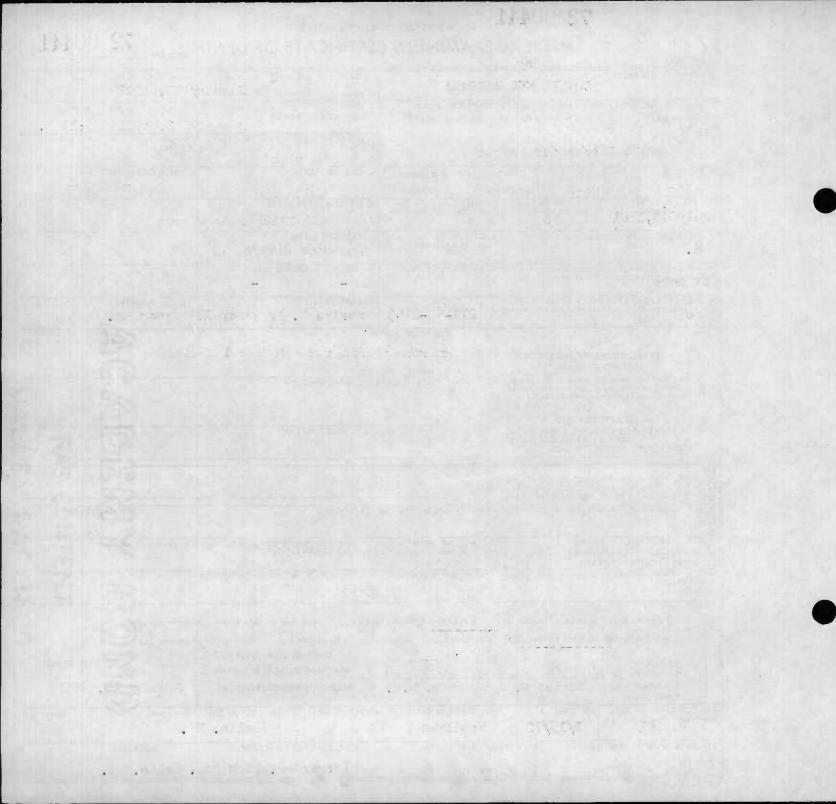
Charles E Cerr M.D. 3900 Herth Charles St Baltimord, No.

Boardel 1/17/74 Corners Of Faith Bultimore Margiand

And the local states to firefact.

72 00441 BALTIMORE CITY HEALTH DEPARTMENT 72 00441 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. 1. NAME OF DECEASED 2. DATE OF Known 🔯 Day Month Yeor Hnur LOTTIE MAKE FREEMAN January 13, 1972 Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Hour FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD January 13, 1972 5:37 A. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

434 Illchester Avenue			A. STATE Mary1	and	B. COUNTY	1203	
6. SEX	7. RACE	B. MARR	IED NEVER MARRIED	C. CITY OR TOWN	and	D. INSIDE CITY LIM	AITS?
Female	White	WIDOW	_	Polti	mana	YES 🔼	
9. DATE OF BIRT	H 10. AGE	(In years	If Under 1 Yr. If Under 24 Hrs.	Balti E. STREET AND NU	MBER	1 TES L	Nо Ц
July 30,	1901 lost birth	O)	Months, Doys, Hours, Min.		11chester	Arraniia	
11. BIRTHPLACE (S	lole or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	ZZCIICDCCI	Ziv Cirac	
Md.			WHAT COUNTRY?	Augustus I			
at home	vorking lite, even it retire	d)	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAID	EN NAME		
(Yes, no or unknown)	ED EVER IN U.S. ARM (If yes, give wor or dote	ED FORCES es of service)	? 17. SOCIAL 215-50-2143	Charles W.	Fr eeman	ADDRES	s Mills d. Owings
19. 44 1	0.4		CAUSE OF DEA	тн			APPROXIMATE INTERVAL
	E OR CONDITION DI	RECTLY	Arteriosc	lerotic card	iovascular	disease	BETWEEN ONSET AND DEATH
	LEADING TO DEATH of mean the mode of	duing a g	(A)IMMEDIATE C	AUSE			
heart failure, injury or con	, osthenio, etc. It meons in aplication which caused o	the disease, death.)	DUE TO, OR A	S A CONSEQUENCE OF	•		
	NTECEDENT CAUSES						
	PR CONDITIONS, IF A	NY, GIVING	(B)	AS A CONSEQUENCE C)F:		
UNDERLYIN	ABOVE CAUSE (A) SI IG CONDITION LAST	TATING THE	(c)				
<u> </u>	11						
OI TO THE DEA	IFICANT CONDITIONS TH BUT NOT RELATED T CONDITION GIVEN IN	O THE TERMI	NG NAL				
20A. DATE OF	OPERATION 208. CO	ONDITION F	OR WHICH OPERATION WA	S PERFORMED		21 A	UTOPSY? (Yes or No)
							0101311 (100 01 110)
22A. EXTERI	VAL CAUSE WAS	12	28. PLACE OF INJURY(e.g.,	in or obout 22C. WHER	F DID /II in Boltimo	re City, give exect legat	No
B UTING □ CAL	OR CONTRIB- USE OF DEATH.	ŀ	2B. PLACE OF INJURY (e.g., nome, form, foctory, street, olfice	bldg., etc.) INJURY OC	CUR?	re City, give exact focus	ionj
22D. TIME (Month) (Doy) (Ye	eor) (Hour)		22F. HOW	DID INJURY OCC	UR?	
(APPROX.)		1	m. WHILE AT NOT	WHILE D			
23.	fy that I held an	Inquiry	Inspection X Aut	op sy and the	at on this book	death in my apinic	
result	ed fram: Natural co	of the Party	Accident Suicid		7		PΠ
	(2) A A	1	A D		DICAL EXAMINER	ned manner 📙	
ACTUAL	(1.0.	2				4	DATE SIGNED
SIGNATU		0 0	Jornigal M.D.		DICAL EXAMINER		
NAME (T	ype) CHarl	es S _e S	pringate, M.D.	ASSOCIATE ME	DICAL EXAMINER	☐ Manuary	13, 1972
24A BURIAL CREW	ATION 1248 DATE		24C. NAME of CEMETERY	r CREMATORY	24D, LOCATION	(City, town, or co	unity) (Stote)
REMOVAL (Specifical)	1/15	/72	Woodlawn		Balto.	1-11	(Siole)
25A. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C. FUNERAL	DIRECTOR	ADDRES	5
JAN 17	1072	003	01 2 0 0	Leonard	J. Ruck Ir	c. Balto. N	Id.
VS 151-REV. 1/1/68	100		To Mark to the state of the sta	U 1) - V		
		1000					



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BI	7-260 72 004	96	TE OF DEATH	REG. NO	72 00442			
(T ₁	PLACE IN BALTIMORE, MARYLAND, WHERE PLACE IN BALTIMORE, WHERE PLACE IN BALTIMORE, MARYLAND, WHERE PLACE IN BALTIMORE, WHERE	PRONOUNCED DEAD R INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (When A. STATE COUN C. CITY OR TOWN	JY	titution: residence before admission) DE CITY LIMITS? YES NO [
5.	SEX Hama To G. RACE 7. M	ARRIED NEVER MARRIED	2801 xxx	P. AGE (III years	If Under 1 Yt., If Under 24 Hrs.			
TQ.	DECONOCE WILL WILL	OOWED DIVORCED	511107	ost birthdoyl	Months Doys Hours Min.			
do	N. USUAL OCCUPATION (Give kind of work IDB, ne during most of working life, even if retired) HOUSEWILE	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn country)	U.S.A.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E				
	Arthur F. Caltrider		Emma King					
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown! (If yes, give war ar dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	No		William Fischer	, 2801 Shire	ey Ave.			
	DISEASE OR CONDITION DIRECTLE LEADING TO DEATH	CAUSE OF DEATH	Metatet	cancer of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	(This does not mean the made of dyin heart failure, asthenia, etc. It means the a injury or complication which caused death	g, e.g., DUE TO, OR AS	A CONSEQUENCE OF:		77 400000			
	DISEASES OR CONDITIONS, if any,	(B) OF AS	A CONSEQUENCE OF:		*********			
	rise to the above cause (A) statis	g the (C)	A CONSEQUENCE OF:		***************************************			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A	MINAL			***************************************			
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?			
	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofify medical examine)	21 B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, all etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Bolttmore	City, give exact lacotion)			
MEDICAL	21 D. TIME (Month) (Doy) (Year) (Hor OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJU	RY OCCUR?				
	22. I certify that (I) (this hospital) attended the deceased from 12/3 1971 ta 1972 that (I) (we) last saw the deceased alive an 1972 and that In (my) (aur) apinian death accurred an the date							
	and haur and from the causes stated above. (i) (We) (did) (did nat) view the bady after death.							
	23A, SIGNATURE Attending Med. Staff 23B, DATE SIGNED 23C. Physician's 23D, Address 23B, DATE SIGNED 23B, DATE SIGNED 23B, DATE SIGNED							
244	Michael H-)ilu	erman DEGREE			1 1			
24/	REMOVAL (Specify)	24C. NAME of CEMETERY OF CREA			town, or county) (State)			
254	Burial 1-14-72 DATE REC'D BY HEALTH DEPT. 258.1	Parkwood	Bal	lto., Md.				
J	IN 17 1972 BASER	NAME OF REGISTRAR	16 on and J. Rich	ck,Inc.,5305	Harford Rd.			
A 2	150-REV. 1/1/68							

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	1-516 72 004	A 3 BALTIMORE CITY	HEALTH DEPARTMENT			
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	2 00443	
- 11	NAME OF DECEASED			HOUR OF DEATH		
Ш	DANFORTH Lillie	4.	1-13-	77 2 9m	1	
	3. PLACE IN BALTIMORE, MARYVAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	decoased lived. If instituti	on: residence before edmission)	
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		Md.	D INICIDE C	1902	
	HARber 12/3 Light		Baltimore	D. INSIDE CI	No [
	nursing Baltimor	re, md	E. STREET AND NUMBER	123		
1	Home		3305 Woodye	ar ST Z	ne 23	
	F W WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 09.	AGE (In years If the birthday) Mor	Under 1 % If Under 24 Hrs. Nihs Doys Hours Min.	
	OA. USUAL OCCUPATION (Give kind of work 108, KIN fone during most of working tife, even it retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTRY?	
	millness, D	ept store	md.		USA	
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	an		
	Sleven Heck		matelda	Cleaner		
	5. Wes Deceosed Ever In U. S. Armed Forces? Tos, no or unknown) (If yos, give wor or dotes of sen	rice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS E Balt	
	Nº /	216-10-1250	Sonnie. Lordon	Mallores	Lakedue mo	
	18. 4/2, cp 1	CAUSE OF DEATH	· /	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	val bollateral of	bernona	2 days		
	(This does not meon the mode of dying, e.g., heart foilure, ostherio, etc., it meons the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:					
	ANTECEDENT CAUSES	MNO	randral Tax	luce	3 d.	
	DISEASES OR CONDITIONS, if any,	iving (B)	A CONSEQUENCE OF:	***************	1 4 0 7	
	rise to the above cause (A) stoling UNDERLYING CONDITION tost.	the (c)	5- (. U . ale	200		
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	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINATED TO THE THE TERMINATED TO THE TERMINATED TO THE TERMINATED TO THE TERMINATED TO THE TERMINATED TO THE TERMINATED TO THE TERMINATED TO THE TERMINATED TO THE TERMINATED TO THE TERMINATED TO THE TERMINATED TO THE TERMINATED TO THE TERMINATED TO THE TERMINATED TO THE THE TERMINATED TO THE	NG NAL				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 2	OB. IF YES. WERE FINDIN	IGS CONSIDERED	
	WAS PERFORMED		N8 "	OR IF YES, WERE FINDING CAUSES	OF DEATH?	
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off elc.)	or obout 21 C. WHERE DID	(Il in Boltimore City,	give exoct location)	
	21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR		
1	(APPROX.)	While At Work At Work				
	22. I certify that (1) (this hospital) attend	ed the deceased from	12/31 197	71to1/[3	1922	
	that (f) (we) last saw the deceased alive	an	19 32 and that I	n(my) (our) opinion c	leath occurred on the date	
	and hour and from the causes stated above	re. (1) (We) (did) (did nat) vi	ew the bady after death.			
	23A. SIGNATURE	0	/		DATE SIGNED	
	mete X. 0	DEGREE Phys.			1/14/72	
	23C. PHYSICIAN'S NAME (Type)	S. DEUM	3D. ADDRESS), //=>	C	
2	4A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CREAT	MATORY 24D. LOCA	TION (CIN TOWN	n, or gounty) (Stole)	
	REMOVAL (Specify)	-1 + 0	42	4.		
2	SA. DATE REC'D BY HEALTH DEPT. 258. NA.		250 FUNERAL DIRECTOR	timore, M	ADDRESS	
	JAN 17 19/2 1680 E. Ja	Bet MD 0 0	Jong Chiary	Son place 901	Holans St.	
V	\$ 150-REV. 1/1/68		V 0 '	The Control	9/723	

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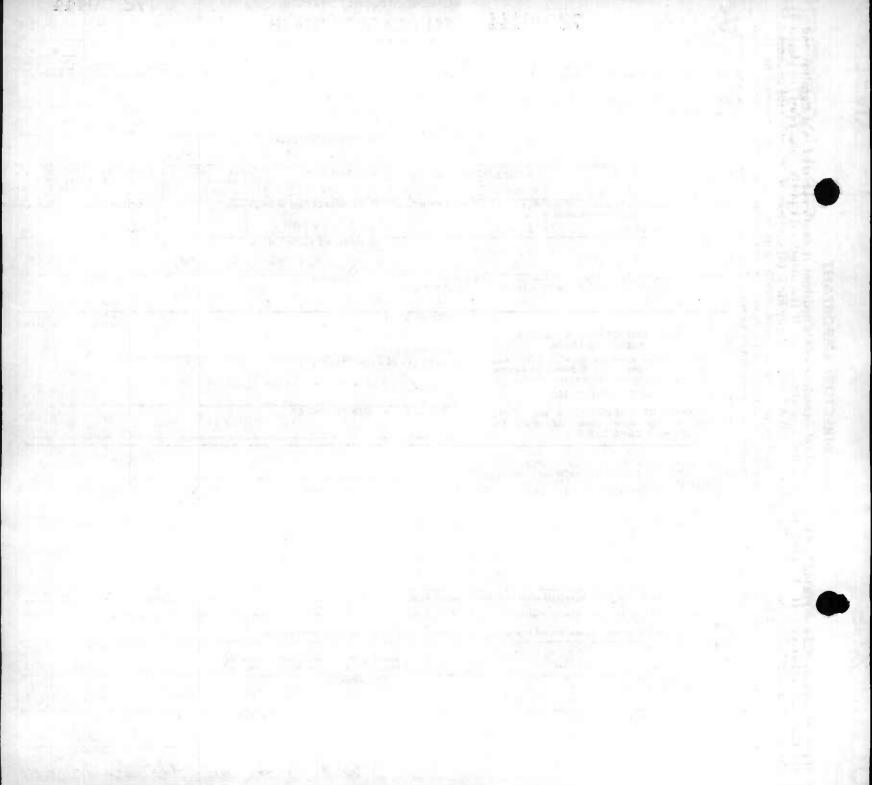
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dec	S	ITY	pe o
this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased the state of any kind; (4) Undetermined cause; (5) Deceased the state of any kind; (6) Undetermined cause; (7) Deceased the state of the s	ath	3.	PLA
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This certificate must be appr the body was released to th shows: (1) An accident of an	deceased prior	2.4.A	RII
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his h	ritt	25A	. D
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		4.3	. 50-

1/	BALTIMORE CITY	HEALTH DEPARTMENT	7	2 00444		
5-610 72 00444	CERTIFICA	TE OF DEATH	REG. NO.			
1. NAME OF DECEASED Type of Print Kirby, Edward	Paul	Jan,	12, 1972	12/5 M.		
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONC	UNCED DEAD	A. STATE B. COUNT	deceased lived, If institution	residence before admission)		
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL' OR INSTITUTION)	TUTION, GIVE STREET	Maryland		2505		
INSTITUTION		Baltimore	D. INSIDE CITY			
South Baltimore General &	70spital	E. STREET AND NUMBER	123 8	<u> </u>		
70		4613 Penni	ngton Ave.			
Male White Midowed	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9	AGE (In years II Un ost birthdoy) Month	der 1 Yr. II Under 24 His. hs Doys Haurs Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND O done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12. C	ITIZEN OF WHAT COUNTRY?		
Policeman LAU)	Maryland		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	SE .			
Joseph		Katherine	Minster			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
NO	219-26-521	8-A. WIF.	e	SAIN-Q		
18. 5 7/. 0	CAUSE OF DEATH			APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY	He	patic Coma				
(This does not mean the mode of dying, e.g.,	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:					
heart failure, asthenia, etc. It means the discose, injury as complication which caused death.)				10.00		
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, if any, giving	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:					
rise to the above cause (A) stating the UNDERLYING CONDITION last.	inse to me above cause (A) Stating the					
	(0/000000000000000000000000000000000000					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				Carried States		
DISEASE OF CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	[20A. AUTOPSY? (Yes or No)]	200 IF VEC 11725 Philada	C CONCIDENCE		
WAS PERFORMED		No	208, IF YES, WERE FINDING IN CERTIFYING CAUSES O	F DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	ne, form, foctory, street, of	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore City, s	give exoct location)		
	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
(APPROXI	nile At Not While	· 🗆				
22. I certify that (N)(this hospital) attended t	he deceased from	Dec. 14, 15	7/ to Jan.	12 19 72		
that (N) (we) last saw the deceased alive an_	Jan. 12	19 72 ond that	in (mx) (our) opinion de	ooth occurred on the date		
and hour and fram the causes stated above. T	(We) (did) (did not) v	lew the bady after death.				
23A. SIGNATURE	Aug	nding ☐ Med. ☐ S	1	ATE SIGNED		
Chin sump Chi	DEGREE Phys	Director L P	hys. A Jo	an. 12,1972		
23C. PHYSICIAN'S NAME IType		23D. ADDRESS		1 11 141		
Chiu Sung Chan	DEGREE	3000	timore Genera	Hospital		
REMOVAL (Specify)	AME of CEMETERY or CRE		CATION (City, town	or county) (State)		
DURIAL 1-14-12 G-	IEN HAVEN	I Cemetery RiTo	chie Huby G	PNBURME MD		
(AN 1 m 1079 20 0 0 7 0	7 D O	Walled Caling	4 117 117	ADDRESS AUG		
V\$ 150-REV. 1/1/68	KA & W	INDITO Y-WIGGAL	110m2 9200	TENMIN JEN HUS		



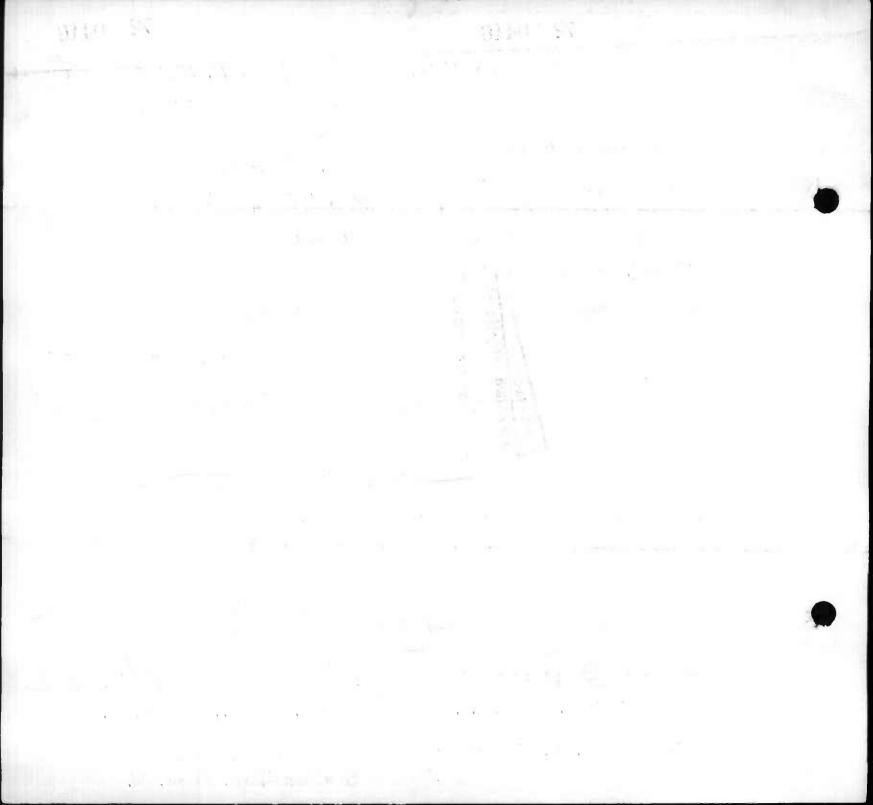
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); the physician was in regular attendance on the deceased prior to death. Such deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and

7-450 72 004	4.3	HEALTH DEPARTMENT	REG. NO	72 00445	
1. NAME OF DECEASED (Type or Print) Stella (Toolan	2. DATE	and Hour of DEATH	16:30P.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ONOUNCED DEAD	4. USUAL RESIDENCE (W A. STATE B. COU Maryland	here deceased lived, If UNITY	institution: residence before admission	
90 Harford Gardens Nursing	g Home	E. STREET AND NUMBER		ISIDE CITY LIMITS? YES NO	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RIED NEVER MARRIED NED NED PO	223 E. (1 8. DATE OF BIRTH Feb. 21, 1902	P. AGE (In years last bithday)	if Under 1 Ye If Under 24 Hrs Months Doys Hours Min.	
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired) Sewing Machine operator 13. FATHER'S NAME				12. CITIZEN OF WHAT COUNTRY U.S.A.	
Jesse Caldwell		unknown	Aire		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dotes of serv	16. SOCIAL SECURITY NO. 216-07-3290	John F. Toole	an. 5319 Pat	ADDRESS Trick Henry Drive	
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heort foilure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 4 Laws	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the abave cause (A) slating UNDERLYING CONDITION last.	(c)	A CONSEQUENCE OF:			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199- CONDITION FOR WHICH OPERATION WAS PERFORMED 21A- ACCIDENT WAS UNDERLYING TO 1218, PLACE OF INJURY (e.g., in		20A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED AUSES OF DEATH?	
OD COMPRISED TO CAMP OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID	(if in Baltim	ore City, give exoct locotion)	
DEATH (notify medical examined) 21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID I	NJURY OCCUR?	1	
22. I certify that (I) (this hespital) attended the deceased fram Dec 13 19 7/ ta 19 72 that (I) (we) last saw the deceased alive an 19 7/ 2 and that in(my) (our) apintan death accurred an the date and haur and from the causes stated abave. (I) (We) (did not) view the body after death.					
23A. SIGNATURE Attending Attending And Director Phys. 1/4/72					
23C. PHYSIDIAN'S NAME (Type) Loy M. Zim	in erman M. DEGREE	3 202 Harry	ond Rd. B.	al Timore, Hd	
Burial 1/17/72	New (athedral (e	metery 1	Baltimore, Ma	City, town, or county) (State)	
II III II	ME OF REGISTRAR	OMC Cully	Roneral Home	es 130 E.Fort Ave.	

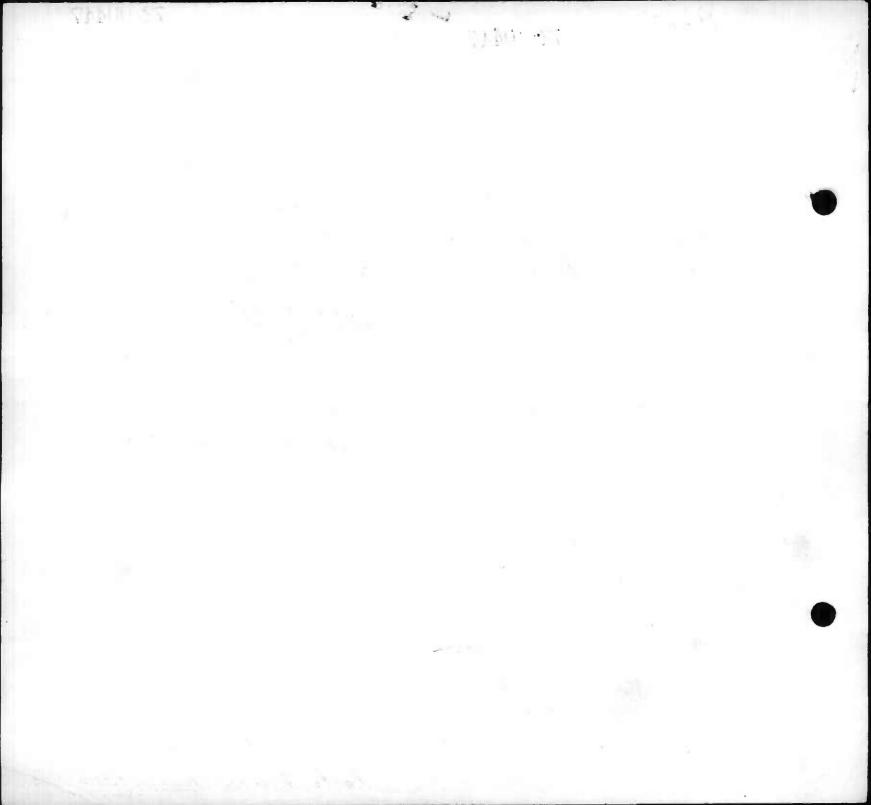
58 F 0445

	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1/	11.152	BALTIMORE (CITY HEALTH DEPARTMENT		NA CONTRACTOR OF THE CONTRACTO		
BIDT	1-400 72	00446 CERTIFIC	CATE OF DEATH	REG. NO	72 00446		
1. NA	ME OF DECEASED			ND HOUR OF DEATH	70		
	or Print) Myrtle	Mc Lure Williams	Janu	Janu 11. 197	2 87 "		
3. Pt	ACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (WHAS STATE B. COU	ere deceased lived. If i	nstitution: residence before admission)		
FUL	NAME OF OF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland	Balti	more 2768		
INST	PITAL OR ADDRESS OR LOCA	ATION)	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?		
0	Long Green Nursin	no Home	Baltimore E. STREET AND NUMBER		YES NO		
170	July Justic Huest	eg nome	509 E. Lake 1	Avenue			
5. SE		7. MARRIED NEVER MARRIED		9. AGE (In veors	If Under 1 Yr If Under 24 Hrs.		
1	emale White	WIDOWED DIVORCED	May 4, 1887	lost birthdow	Months Doys Hours Min.		
10A. U	ISUAL OCCUPATION (Give kind of work during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUS	TRT 11. BIRTHPLACE (Stota or for	reign country)	12. CITIZEN OF WHAT COUNTRY		
1 22	omemaker	Own Home	Missouri		USA		
13. F/	ATHER'S NAME	The state of the s	14. MOTHER'S MAIDEN NA	AME	USA		
	Gilbert E. Mclure	1/5 0	2		ľ		
15. W	as Deceosed Ever in U. S. Armed Fore	cos? ANT 6. SOCIAL	17. INFORMANT		ADDRESS		
1	Vo None	# B1 \ 12	Fam: /	and.			
	1/229	AUSE OF DE	Family n	ewras	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIR	RECTU SECTION			BETWEEN ONSET AND DEATH		
,	LEADING TO DEATH						
	(This does not mean the mode of dyings 1.9., heart failure, asthenia, etc. It means the district DUE IO, OR AS A CONSEQUENCE OF: injury or complication which caused define ANTECEDENT CAUSES						
	ANTECEDENT CAUSES Cerebral asterwardens						
	DISEASES OR CONDITIONS, if	(B) (B)		TO COLORO	no you		
l ri	se to the obove cause (A)	Heing Me 1	AS A CONSEQUENCE OF:				
	INDERLYING CONDITION lost.	<u>=</u> (c)		***************************************			
Z	II THER SIGNIFICANT CONDITIONS CON	ATDIRITING .					
II E IT	O THE DEATH BUT NOT RELATED TO THISEASE OR CONDITION GIVEN IN PART	E TERMINAL					
ERTIFIC	A. DATE OF OPERATION 198. CONE	DITION FOR WHICH OPERATION	20A. AUTOPST? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?		
E G	10/27/71 Veru	ett har 11	140	IN CERTIFYING CA	USES OF DEATH?		
חו וח	A ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF	nome, form, factory, street	office bldg. INJURY OCCUR?	(11 In Baltimor	e City, give exoct lacotion)		
1101	EATH (natify medical examined	O elc.)					
130	D. TIME (Month) (Doy) (Teor)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?			
	APPROX.)	Wark Not W	ork D				
	2. I certify that (1) (this hospital)		12/1	19 7/ to /	/// 1972		
11	at (1) (we) last saw the deceased	d alive an / 7 / 3	19	nat In(my) (aur) apli	nian death occurred on the date		
a	nd hour and fram the causes state	ed above. (i) (We) (did) (did not) view the body after death.				
23	A. SIGNATURE				23 B. DATE SIGNED		
	William J.	DEGREE	hys. Med. Director	Shaff Phys.	1//3/77		
23	C.PHTSICIAN'S NAME (Type)	0 M" O ""	23D. ADDRESS	1.6.01			
244	William F.	DEGI	3222 St. Pai	ul Sto, Balti	more, Md.		
294.	URIAL CREMATION, 248, DATE	24C. NAME of CEMETERT of			ly, town, or county) (State)		
254	urial Jan. 13,	1972 Prospect His	L Cemetery Tou	uson, Marula	nd		
111		258. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	1	ADDRESS		
VS 15	0-REV. 1/1/68	Andrew Control of the	1 John Burns!	sons, lowso	n, Ild.		



0 100	BAITIMORE CITY	Y HEALTH DEPARTMENT	72 00447				
72 ADAAM CEDTIEICATE OF DEATH REG. NO.							
I NAME OF DECEASED	12 OUTT CENTIFICA						
(Type or Print) L & RO	Y CHEARY	2. DATE AND HOUR OF DEATH					
	RYLAND, WHERE PRONOUNCED DEAD	1-13-72 4. USUAL RESIDENCE (Where deceased lived. II	7:50Fm.				
	WHERE PROHODINGED DEAD	A. STATE B. COUNTY	institution: residence below odmission)				
FULL NAME OF (IF NOT HOSPITAL OR ADDRES	IN HOSPITAL OR INSTITUTION, GIVE STREET	mo BALT	1102				
INSTITUTION		C, CITY OR TOWN D. IN	SIDE CITY LIMITS?				
4	YLAND GENERAL	BALT.	YES NO				
70	HOSPITAL.	E. STREET AND NUMBER					
		22 F. BEESTUN	ST.				
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeare last birthday)	Il Under 1 Yr., If Under 24 Hrs. Monthe Doys Hours Min.				
M	WIDOWED DIVORCED	12-3-24 41	Min.				
done during most of working life, even	kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign country)	12. CITIZEN OF WHAT COUNTRY?				
CLERK	J. H. Unir.	MARYLAND					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Beorge (b den-11						
15 Was Descrad Fuer to 11 6	norry	- ///	05				
[Tes, no of unknown] [If yes, give	Armed Farces? 1 6. SOCIAL wor or doles of service) CURITY NO.	17. INFORMANT	ADDRESS				
YES	15 Sabo - 17 - 3121	LILIAN CHERRY 95.	atington are				
18.570 X 1	GAUSE OF DEAT	Marie Control	APPROXIMATE INTERVAL				
DISEASE OR CONE	DITION DIRECTLY		BETWEEN ONSET AND DEATH				
LEADING TO	DEATH O PRINTING	ISE NECROSIS UNFILLE	3 derica_				
(This does not mean the							
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) HEPATOTOXIN, type UNKNOWN							
ANTECEDEN	ANTECEDENT CAUSES & TOTAL ANTECEDENT CAUSES						
DISEASES OR CONDITI	DISEASES OR CONDITIONS, if any, guing DUE TO, OR AS A CONSEQUENCE OF:						
rise la the abave co	TINDERI VING CONDITION Last						
ONDERCTING CONDITIO	N last.						
Z OTHER SIGNISION IS CONS.	E		•				
OTHER SIGNIFICANT CONDI	LATED TO THE TERMINAL		1				
DISEASE OF CONDITION GIV	198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE					
	WAS PERFORMED	IN CERTIFYING CA	FINDINGS CONSIDERED				
21A. ACCIDENT WAS UND	ERLYING 21B. PLACE OF INJURY (e.g., in		re City, give exact location!				
OR CONTRIBUTING CAU	home, farm, factory, street, aft	fice bldg., INJURY OCCUR?	re City, give exect location;				
101	OH						
S OF INJURY		21F. HOW DID INJURY OCCUR?					
IAPPROX)	While At Not While Work At Wark	' 🗆 -					
22. I certify that (I) (this	hospital) attended the deceased fram	-11-2) 19 to 1-	13 19 71				
that (1) (we) last saw the		^ ·	nian death accurred an the date				
	uses stated abave. (1) (We) (did) (did nat) vi	level at the fact that in they they	man death accurred an the date				
23A. SIGNATURE	ases sidied andres (1) Tue) (gig) (gig hat) Al	ew the bady after death.					
Dx 0.11	Alter	nding Med. Shaff	23B, DATE SIGNED				
26 PHYSICIAMS	DEGREE Phys.	Director Phys.	1 - 13- 7 1				
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS					
リプランプログラ	GRASSO M.D. DEGREE	boardere Jesera					
24A. BURIAL CREMATION, 24B.	ty, town, or county) (State)						
Burial 1.	18/72 arbutus m	em. PJ arbutus;)	eso'				
25A. DATE REC'D BY HEALTH	DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
JAN 17 1972 (%	But E Valle 302 6 0	1 Onde 7 5	1304				
VS 150-REV. 1/1/68		WELL - JUNIER HOM	E Carlod Ause				



P-654 72 00448	BALTIMORE CIT	Y HEALTH DEPARTMENT	72	00448		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	00440		
1. NAME OF DECEASED (Type or Print)		2. DATE AND HO	OUR OF DEATH			
PURNELL. ELEAN	VOR	JAN 121	1972	1/220 4.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE (Where dec	eased lived. If institution	n: residence before odmission)		
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		MARYLAND		806		
		BALT IMORE	D. INSIDE CIT	Y LIMITS?		
JOHNS HOPKINS HOSPITAL		E. STREET AND NUMBER				
		1505 E.LANVA	LE ST			
	NEVER MARRIED	B. DATE OF BIRTH 9. AC	E (In yeors If U	nder 1 Yr. If Under 24 Hrs.		
FEMALE NEGRO WIDOWED XX		1-92-14 6	77	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF Blone during most of working life, gven II setired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lareign co	ountry) 12.	CITIZEN OF WHAT COUNTRY		
Housevill		Md				
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		1.1		
5. Was Decared Everan U. S. Armel Torces?		?	DOROTHY	WALLER		
es, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	Brown	ADDRESS		
No	?	Dorothy (Transn 17	120 N. BR	OADWAY		
18. 436.01	CAUSE OF DEAT			APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY	an		BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A)IMMEDIATE CAL	JSE (2) C1/A		6 days		
(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease,		A CONSEQUENCE OF:	************************	+0-040		
injury or camplication which caused death.)						
ANTECEDENT CAUSES	Ess	mittal bunge	Tarred	4 Vigarias		
DISEASES OR CONDITIONS, it any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	Syacon	1 years		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(a)	/ '				
and designation last	(c)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	***************************************					
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A, AUTOPSY? (Yes or Noll 20R	IF YES WEDE SINDIN	GS CONSIDERED			
WAS PERFORMED		20A AUTOPSY? (Yes or No) 20B	CERTIFYING CAUSES	F DEATH?		
21A- ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If In Baltimore City,	give exact lacation)		
OR CONTRIBUTING CAUSE OF home, etc.)	form, factory, street, of	fice bidg., INJURY OCCUR?				
	JURY OCCURRED	21F. HOW DID INJURY C	CCIIB			
21D.TIME (Month) (Day) (Year (Haud) 21E IN (APPROX.) While	At C Not While		/CCU KI			
Work	AT HOSK			.) /		
	22. I certify that (1) (this hospital) attended the deceased from Jan 9, 19/2 to Jan 14, 19/2					
	Jan 14.	0-1	(aur) apinian d	ooth occurred an the date		
and haur and fram the causes stated above.	~					
23A. SIGNATURE	23A. SIGNATURE 23B. DATE SIGNED					
Attending Med. Staff AV						
23C. PHYSI GIAN'S NAME (Type)		Director Phys.	70	an 14,1972		
00 ====================================						
DR. THOMAS HODOUS	DEGREE	144704				
REMOVAL (Specify)	E of CEMETERY of CRE	MATORY 24D. LOCATI	_	(State)		
Burisl 1/8/72 Ba	Lto Kations	1 Cenn 5501	Frederics	K WA		
A. DATE REC'D BY HEALTH DEPT. 258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	1. 00 13-	4) ADDRESS		
JAW 17 1972 Valle 6 2, Josh	A. A.	Tough & no	cho 1 130	7 n. Contral 61		
150-REV. 1/1/68	market 10 3					

36M1 ST 301 · = G 1 1/4 + 1 - 25 - 1 The se of health of the season will be

M-620 72 00449		HEALTH DEPARTMENT	REG. NO	72 00449		
1. NAME OF DECEASED (Type or Pont)		2. DATE AL	ND HOUR OF DEATH			
MORRIS WILLIAM	V.	JANUI	ARY 8 19	72 4:45 00		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived If in	nstitution: residence before admission)		
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ION, GIVE STREET	MARYLAND C. CITY OR TOWN	HARRORI	IDE CITY LIMITS?		
MARYLAND GENERAL HOSPITA	15	ABERDEEN		YESXX NO		
4-8		E. STREET AND NUMBER	PRITCHE	1		
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	DATE OF BIRTH	9. AGE (In years	If Under 1 Yr Il Under 24 Hrs. Months Doys Hours Min.		
MALE WHITE WIDOWED	DIVORCED	09-12-88	lost birthdoy)	Months Doys Hours Min.		
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF B	USINESS OR INDUSTRY	1. BIRTHPLACE (State or fore	83	12. CITIZEN OF WHAT COUNTRY		
lone during most of working life, even if refired) I U.S. G	ovt.	VIRGINIA				
3. FATHER'S NAME		4- MOTHER'S MAIDEN NA	AAE	U.S.A.		
1146		WOLLEN S MAIDEN NA	1			
5. Wos Deceased Ever in U. S. Armed Forces? [10]	6.600141	U	u reour	- /		
(es, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	7. INFORMANT	alude	ex WADDRESS COOL		
	217-18-3691	W40- 8-	6-2- Pri	toland Aug.		
18.162.1	CAUSE OF DEATH	1 1		APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY			0	BETWEEN ONSET AND DEATH		
LEADING TO DEATH	(A) IMMEDIATE CAUS	Carchera	. Tung.			
head foilure, asthenia, etc. it means the disease.						
injury or complication which caused deoth,) ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
UNDERLYING CONDITION last. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	******	**********				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1		20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
OR CONTRIBUTING CAUSE OF home, etc.)	ACE OF INJURY (e.g., in form, foctory, street, office	or obout 21C. WHERE DID e bidg., INJURY OCCUR?	(li In Boltimor	e City, give exoct location)		
	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.) While Work	At Work					
22. I certify that (I) (this haspital) attended the		2- 02	10) 1 - 4-0	1 = 6		
that (i) (we) last saw the deceased alive an 1 - 8 19 72 and that in(my) (aur) apinion death accurred an the date						
and have and from the causes stated above. (1) (1	We) (did) (did not) vie	w the bady after death.				
23A. SIGNATURE			1	23 B, DATE SIGNED		
Couchast Thurso	Aftend Phys.		Shaff Phys.	1-6-53		
23C. PHYSICIAN'S NAME (Typel	23	D. ADDRESS	00	000		
MICHAGE GRASS	U an D DEGREE	manker	Topia	19tap		
A DIIDIAL CHELANICAL TO THE CONTRACT OF THE CO	E of CEMETERY OF CREM	ATORY 24D. LC	CATION (Cit	y, town, or county) (Stote)		
Burial 1/12/12 pul	peffer Natu	rial lon	(GORRAN	Mixigue -		
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR	3/1/2/1	ADDRESS		
JAN 17 BIL VELLE & VELLEY	F87 ()	touster head	excluse st.	- larring Time		

arkin St 940 55 110 and the second of the second o

h 130 70 00100	BALTIMORE CIT	Y HEALTH DEPARTMENT		72 00450	
BIRTH NO. 630 72 00450	CERTIFICA	TE OF DEATH	Registered No.	12 00100	
N.E. CASE NO. 1. NAME OF DECEASED		2. DATE A	ND HOUR OF CEATH		
William Barett		T-T	0-72	M.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHA, STATE B. COU		nstitution; residence before admissiont	
ALL NAMEDOR LIANT IN ASSISTED Mattution, gi	ve streel	Md BAL	TI.	RURAL ond give township)	
INSTITUTION					
719 PORTLAND STRE			City trurol, give locotion) RTLAW)) 51	
5. SEX 6. RACE 7. MARRIED, I	NEVER MARRIED	B. OATE OF BIRTH	9. AGE (In years	(f Under 1 Yr. († Under 24 Hrs.	
M N WIDOWED,	DIVORCED (specify)	T2-T8087	lost birthdoy)	Months Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF	
done during most of working life, even if retired)				WHAT COUNTRY?	
Re Grain	Elavator	Va 14. MOTHER'S MAIDEN NA	AME	USA	
William Barett		Unknown			
15. Was Occased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
	705-10-599	-Rosie C.Bar	ett-719 Pc	ortland St	
18. / 8 5 X		F DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY	^		1	ONSET AND DEATH	
LEADING TO DEATH	1001	io manis	Prosta	165 5 stone	
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO	. 10 3		3	
injury or complication which caused death.)					
ANTECEDENT CAUSES (B)					
DISEASES OR CONDITIONS, if ony, giving					
rise to the obove couse (A) stating the (C) UNDERLYING CONDITION last,					
		 			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED 21B. 22B. 12B. 12B. 12B. 12B. 12B. 12B.	HICH OPERATION	20A. AUTOPSY? (Yes or)	10) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Boltimor	re City, give exact (acation)	
▼ DEATH (notify medical examinent etc.)	. form, roctory, street, (office bldg., INJURY OCCUR?			
21D. TIME (Month) (Doyt (Year) (Hourt 21E.	INJURY OCCURRED	21F. HOW DIO IN	IJURY OCCUR?		
¥ (ABBROY)		le			
Work					
22. I certify that (I) (this hospital) attended th	1			1972.	
that (I) (we) lost sow the deceased alive on	1-4-	19 T 2 ond 1	hot in (my) (our) op	inion death occurred on the date	
and hour and fram the couses stated above. (1)	(Wo) (dld) (dld not)				
23A. SIGNATURE		1	3	23B, OATE SIGNEO	
wallen Burnell	M.D. Att	lending Med. Oirector	Stoff Phys.	1112/72	
23C. PHYSICIAN'S		230 ADDRESS	-	710	
NAME Clypet	\ 0 M.D.	217 14 4	winds	0 000 12000	
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY of CE	EMATORY 1240	LOCATION (C	City, town, or county) (State)	
REMOVAL (Specifyt	0 .	04	2 11-0	(3,0,0)	
	A Chiler	ver la	salve cil	4	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	REGISTRAR	23C. FUNERAL DIRECTO	1230	W, AODRESS	
JAN 17 1979 P. C. 0 2 2 0	30.9	J. Suren	Dt Son M	myomery st	
VS 150-REV. 171/65					

100 por 50 72 11450

24C. NAME of CEMETERY or CREMATORY

Mt. Calvany Cemetery

258. NAME OF REGISTRAR

24D. LOCATION (City, town, or county)

Wick 24318, Oliver St.

25C. FUNERAL DIRECTOR

(Stote)

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

BUN121

VS 151-REV, 1/1/68

248. DATE

1-15-72

16406 48 TELE ST 112-11113 52 41 States of the Catherine of States and States of the States 's ignoralists of the the first of the contract of t American reports one Cabarry Concerny Amet Resident Charles THE RESIDENCE AND THE PROPERTY OF THE PARTY OF THE PARTY.

T 500	72 UU452 BALTIMORE C	ITY HEALTH DEPAR	TMENT				- V V A P C
/-320 BIRTH NO.	MEDICAL EXAMINER	R'S CERTIFIC	CATE OF	DEATH	REG. N	. 72	00452
1. NAME OF DECEASED (Type or Print)	JAMES TOWNS JAMES TOWNES	2. DATE OF	Known 🔼	Month	Doy 12	Yeor 1072	Hour

BIRT	H NO.		MILD	ICAL	LAAMII ALK 5	LIXIII	ICAIL OI	DLAIII	REG. NO	-		
1. N.	AME OF DEC	EASED (Jame.	5 10	WNS	2. DATE	Known 🔼	Month	Doy	Yeor	Hour	
(Type	or Prini)		JAMES	TOWNE	S	OF DEATH	Estimoted 🗆	January	12, 1	972		M.
					ONOUNCED DEAD	3. DATE	DUNCED DEAD	Month	Doy	Yeor	Hour	
HOSE	NAME OF PITAL ISTITUTION	(IF NO	T IN HOSPITA	LORINST	ITUTION, GIVE STREET		RESIDENCE (When	January	-		1:41	M.
1	3. 46.	John Ho	pkins	Hospi	tal (DOA)	A. STATE	Maryland		COUNTY	S	33	3
6. SE	X	7. RACE		B. MARRI	ED MEVER MARRIED	C. CITY O	RTOWN	C	. INSIDE CIT	Y LIMITS?		
	[ale	Neg	ro	WIDOW	ED Sep. DIVORCED		Baltimor	e	YE	s 🔼 ı	по 🗆	
9. D/	ATE OF BIRTI	1	10. AGE (Ir	(v	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.	E. STREET	AND NUMBER	4:14 A				
	2-/2-			52	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12 FATUE	1419 N. I	MIILON A	venue			
11. 6	KIHPLACE	tote or toreig	in country)		WHAT COUNTRY?	T.	K 3 IVAME					
IAA I	ISUAL OCCU	PATION/Giv	a kind of work	IAR KIND	OF BUSINESS OR INDUSTR	UOB NOTH	FP'S MAIDEN NA	ME				
done	during most of w	orking life, ev	en if retired)	0			ek o maiotivita	7110				
16 V	VAS DECEAS	FD EVER IN	U.S. ARMED		NSTRUCTION 17. SOCIAL	50/0 18. INFOR	Na TON	INS	AC	DRESS		
(Yes,	no or unknown)	(If yes, give	vor or dotes	of service)	SECURITY NO.			0				>,
lis	N D	0 0			218-65-7330 CAUSE OF DEA	TH	Estelle	breff 10	206 E. 1	API	PROXIMATE I	NIERVAL
	10	CIFE	/		Death appai	rent1v	occurring	during	seizur		EEN ONSET	AND DEATH
		E OR COND		CTLY			0000111116		DULLUL			
	(This does n	ot meon the	mode of dy		(A)IMMEDIATE O	AS A CONSE	QUENCE OF:					
		osthenio, éto plication whi										
	Α:	NTECEDENT	CALISES		Anh							
	DISEASES (OR CONDITI	ONS, IF ANY	, GIVING	DUE TO, OR	AS A CONS	EQUENCE OF:		*************			
	UNDERLYIN	ABOVE CA	USE (A) STATION LAST.	ING THE	(c)							
Ó-			11	-	(0)							
CERTIFICATION	TO THE DEA	IFICANT COLLING	RELATED TO	THE TERMI			***************************************					
2					OR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes	or No)
										Ye	s	
O,	JNDERLYING		TRIB-		228. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or obout e bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exa	ct location)		
	UTING L CA		TH.	·) (Hour) 22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCUR	?			
	APPROX.)				WHILE AT NOT	WHILE						
	3.				m. WORK AT W	ORK						
	1 cert	ify that I h	eld an I	nquiry [Inspection 🔲 Au	tapsy X	and that an	this basis, d	eath in my	apinlan		
	result	ed fram: N	latural cau	ses 🔲	Accident Suicid	le 🗌 🗈	famicide 🗌	Undetermine	d manner	X K		
		0	0	1,			CHIEF MEDICAL	EXAMINER L	J		DATE SIG	NED
	SIGNATI	JRE	wil.	, J.	gringate M.D	. ASS	SISTANT MEDICAL	EXAMINER 2			DAIL 310	IALD
	EXAMIN NAME (1		Charles	S. S	pringate, M.D.	ASS	OCIATE MEDICAL	EXAMINER [] Jan	uary 1	.3, 19	72
REM	BURIAL CREA	MATION, 2	48. DATE		24C. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, town	, or county)	(Sta	ote)
25 Å.	BUN! DATE REC'D	21	1 -17- DEPT.	72- 258. N	Mt. Calvary	enet 25C	ENV A	NNE AY	PUNDE	ODRESS	. No	10
J	AN17	1972	Blee !	. Paul	les MA O	Ro	udolalo la	Leollick.	24318	Pho	ton &	4,
VS 1	51-REV. 7/1/68						1 1					

STATE SALES AND STATE OF THE STATE OF THE SALES AS A STATE OF The second of the second of the second second Santal 1-27-72 Heldfreylenessy hurthundel Co. Hel The thirty of the state of the state of the state of

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

7-636 72 00453		HEALTH DEPARTMENT	REG. NO	72 00453
1. NAME OF DECEASED WILLE MAE FRE	DERICK	2. DATE AI 1-10-	72	11:15 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		A. USUAL RESIDENCE (Who A. STATE B. COUI MARY LAND	NTY	Sitution: residence before admission) DE CITY LIMITS?
33 THE JOHNS HOPKINS HOSP	ITAL	BALTIMORE E. STREET AND NUMBER	ASE ST.	YES NO
FEMALE NEGRO NARRIED NOWED NO	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 5-15-10	9. AGE (In yours last birthday) 61	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUI done during most ol working life, even il refired)		11. BIRTHPLACE (State or lord CW) SBUY G	Y.C.	12. CITIZEN OF WHAT COUNTRY?
	SOCIAL SECURITY NO.	17. INFORMANT	S	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., haart failure, asthenia, etc. it means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WHICH WAS PERFORMED	(B) DUE TO, OR AS	Her and	Cledravasas Ol 208, IF YES, WERE FIN GERIFFING CAU	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LA CALLY INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	CE OF INJURY (e.g., Ir arm, factory, street, af	n or about 21 C. WHERE DID	(If In Baltimara	Cliy, give exoct location)
DEATH (naify medical examinar) 21D-TIME (Manth) (Doy) (Year) (Haur) 21E INJ While A Wark 22. I certify that (1) (this haspital) attended the d that (1) (we) last saw the deceased alive on	At Wark	116	19 7-210	10 19 72
and hour and fram the couses stated obave. (1) (1) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Rohde	DEGREE Phys	nding Med.	Shalf Phys. Rvady	23B. DATE SIGNED 1/10/72 vay Balto Md.
24G. NAME REMOVAL ISpecify BLLY21A 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF R VS 150-REV. 1/1/68		25C. FUNERAL DIRECTO	ocation (City 2USE/, collect 2431	ADDRESS LOCIONESS

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Anbutus Memorial

25C. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

BILCIA

VS 151-REV. 1/1/6B

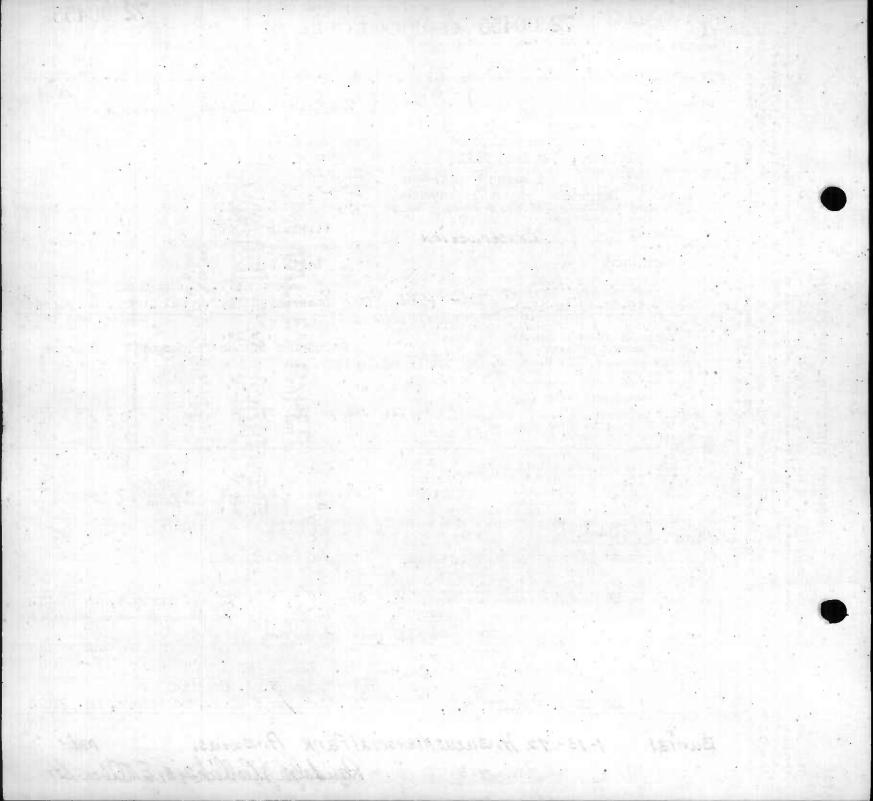
25A. DATE REC'D BY HEALTH DEPT.

The state of the s 1372 PT 11 15 75 Separate Land 10 20091-60-1 Books Mintroller Late Weedwardesite to be A. Nordh Secware Checker Shippert Sylvia Caldwell DIE-12-CORD SERVICER SEWER SEIN COMERO AVE. is the political at the state are said to the said. Burkat 1-17-72 AnouseMemorial Park Andreway Tand State State College College

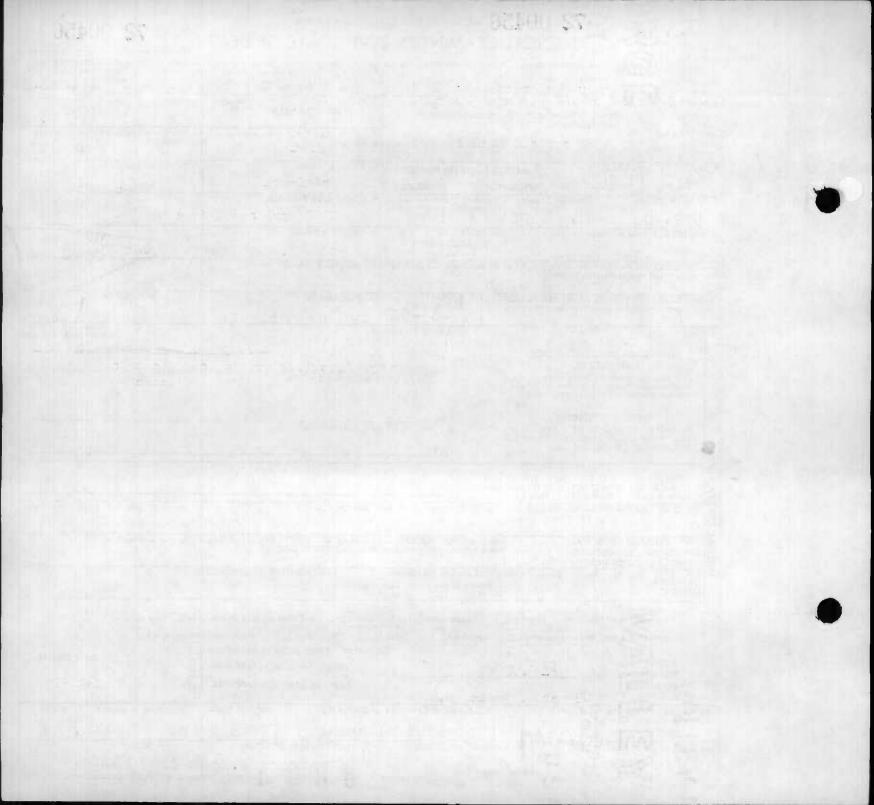
FUNERAL DIRECTOR: IMPORTANT

pital and of death Deceased Such LO ance deat (5) cause (4) Undetermined cause; attend 0 prior contributing regular disposition Was the death no final attendance any pronounced OF med embal gular who 10 are 4 remains physicia Mas physician the (2) Body 0 where to the hospital °Z obtained 9 (except and any of deat was released must hospit accident 0 approval 0 prior 40 (I) An D.O.A. deceased the body WOS

BALTIMORE CITY HEALTH DEPARTMENT 72,00455 72 00455 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) January 9, 1972 9:40 HUNT, EMANUEL LEE 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION Maryland D. INSIDE CITY LIMITS? Veterans Administration Hospital YES X Baltimore NO 3900 Loch Raven Boulevard E. STREET AND NUMBER Baltimore, Maryland 21218 2305 E. Biddle St. S. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 YI. If Under 24 Hrs. Hours : Min. 7. MARRIED A NEVER MARRIED Hours lost birthday Male WIDOWED DIVORCED Negroid 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Virginia U. S. A. Laborer ONSTRUCTION 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Hunt Lelia Jones 15. Was Deceased Ever in U. S. Armed Forces Records V. A. Hospita ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 3900 Loch Raven Blvd., Baltimore, Maryland Yes 9-14-43 to 12-3-45 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Carcinoma of the Esophagus LEADING TO DEATH 2 Years (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenio, etc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) No 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc. 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) AI Work 22. I certify that (4) (this haspital) attended the deceased from... January 3, 19 72 to January 9, January 9, 19 that (1) (we) last saw the deceased alive an... ...and that in (my) (aur) aplnion death accurred an the date and hour and from the causes stated above. MX(We) (did) (did Not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending [Med. Director . 23C PHYSICIAN'S 23D. ADDRESS V. A. Hospital NAME (Type 3900 Loch Raven Blvd., Baltimore, ld. 21218 ARTHUR C. BURDETT, M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION REMOVAL (Specify) VS 150-REV. 1/1/6B



S-423 72 00456 BALTIMORE CO	P'S CERTIFICATE OF DEATH 12 UU496
BIRTH NO. I. NAME OF DECEASED	2. DATE Known 🛣 Month Doy Yeor Hour
Luther 多数的表面的 STELLE G. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy Year Hour
OR INSTITUTION 2103 Maryland Avenue	5. USUAL RESIDENCE (Where deceosed lived, if Institution: residence before admission) A. STATE Maryland A. STATE
6. SEX 7. RACE 8. MARRIED ☐ NEVER MARRI Male White WIDOWED ☐ DIVORC	CED Baltimore YES NO D
9. DATE OF BIRTH 10. AGE (In years Hunder I Yr. II Under 5/24/08 5/24/08 63 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	24 Hrs. E. STREET AND NUMBER 2103 Maryland Avenue
WHAT COUNTRY	7 Tohn P Cholkott
done during most of working life, even if retired) Chauffeur 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (ill yes, give wor or dotes of service) Yes 17. SOCIAL SECURITY N 215-03-	NO 18. INFORMANT ADDRESS Rd
	DF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	EDIATE CAUSE Arteriosclerotic cardiovascular TO, OR AS A CONSEQUENCE OF: disease
RISE TO THE ABOVE CAUSE (A) STATING THE	TO, OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- Home, form, foctory, structure of the contribution of the c	RY (e.g., In or obout 22C. WHERE DID (II in Boltimore City, give exact location) INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT WORK	NOT WHILE AT WORK
I certify that I held on Inquiry Inspection	
resulted from: Natural causes X Accident	Sulcide Homicide Undetermined monner
ACTUAL SIGNATURE EXAMINERS	
ACTUAL SIGNATURE EXAMINERS NAME (Type) Werner U. Spirtz, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CENTREMOVAL (Specify)	Sulcide Homicide Undetermined monner Deputy CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED



FUNERAL DIRECTOR: IMPORTANT

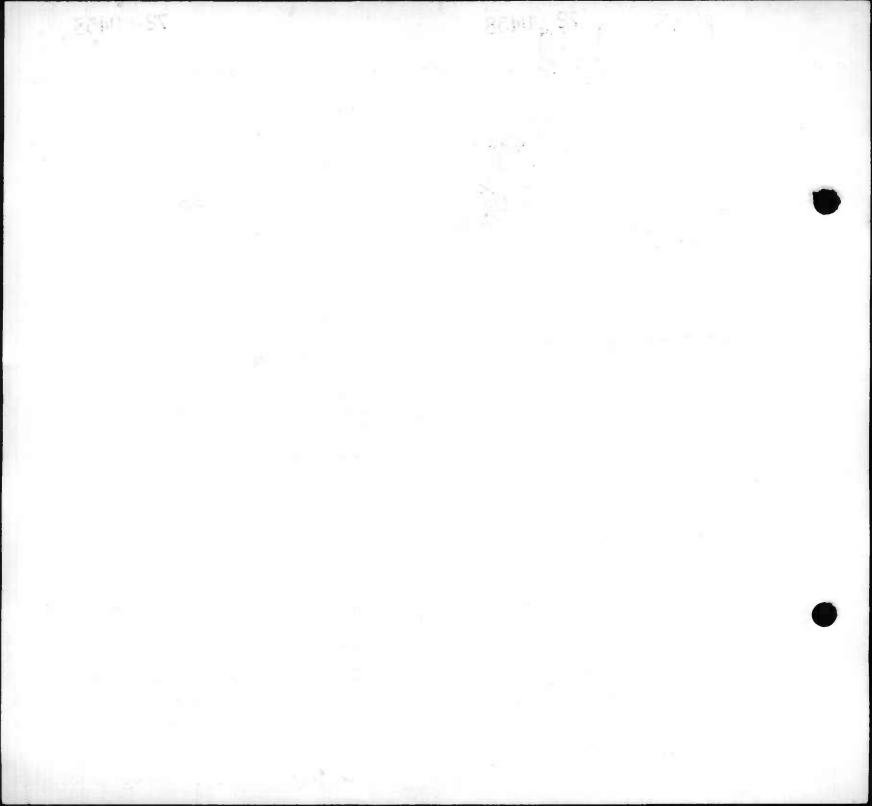
7 121 TO DOLET	BALTIMORE CITY HEALTH DEPARTMENT	WA 50 1 W
## 236 72 00457.	CERTIFICATE OF DEATH	REG. NO. 72 00457
(Type or Print) RICHARD T.	OSTER JA	N. 14, 1972 4:10 pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	A. STATE 8. COU	ere deceased lived. Il institution: residence belare admission!
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	TION, GIVE STREET	D. INSIDE CLTY LIMITS?
3919 Carliste	age, BALTIM	ORE YESK NO
Battimore,	nd i E. STREET AND NUMBER	Carliste av
5. SEX 6. RACE B 7. MARRIED WIDOWED D		9. AGE (In years II Under 1 Tr. II Under 24 Hrs. Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done of ring most of working life, even if retired)	SUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of for	eign country! 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	U.S.A.
Austin Foster	THE STANDER RA	, mc
15. Was Deceased Ever in U. S. Armed Forces? (Tes.no or unknown) (If yes, give war or dates at service)	6. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
Yes WW T	212-05-7228 Jul	elle orlin same
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUSE MYD CANAL	al Infanction I have
heart failure, osthenia, etc. It means the disease, injury at camplication which coused deoth.)	DUE TO, OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES	(arterios clerat	ic des I dil unknow
DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoting the	DUE TO, OR AS A CONSEQUENCE OF:	13300
UNDERLYING CONDITION last.	(c)	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	CO D H	1 1001
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Chelisal Thress	chasis an 1911
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE SIGNIFICANT CONDITIONS TO THE SIGNIFICANT CONDITIONS TO THE SIGNIFICANT CONDITIONS TO THE SIGNIFICANT CONDITIONS TO THE SIGNIFICANT CONDITIONS TO THE SIGNIFICANT CONDITIONS TO THE SIGNIFICANT CONDITIONS TO THE TERMINAL TO THE TERMINA	IICH OPERATION 20A. AUTOPST? (Yes or N	208. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	ACE OF INJURY (e.g., in or about 21 C. WHERE DID form, (octory, street, office bldg., INJURY OCCUR?	(If In Baltimare City, give exact location)
- IOF INJURE	NJURY OCCURRED 21F. HOW DID IN.	JURT OCCUR?
(APPROX.I Wark	At Work	
22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an	1/1/1/1/2	19
and haur and from the causes stated above. (1) (in the date
23A. SIGNATURE	Attending Med. Director D	Shaff Phys.
23C. PHTSICIAMS NAME (Type)	DIFFERENCE PRISE	1 R
24A. BURIAL CREMATION, 24B. DATE 24C.NAN	NE of CEMETERY OF CREMATORT 24D. L	OCATION (City, town, or county) (State)
KEMUVAL (Specify)		altimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 255 NAME OF	REGISTRAR 25C. FUNERAL DIRECTOR	
VS 150_PEV_1/1/49	2 4 1 1 1 1 1 1)

./ 1/7 2/57/1

72 1457

72 00458 BALTIMORE CITY HEALTH DEPARTMENT 72 00458 CERTIFICATE OF DEATH pital and of death Deceased Such I, NAME OF DECEASED 2 DATE AND HOUR OF DEATH BARBARA (Type or Print) BAUBLITZ Lo hospital 1-14-72 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before A. STATE

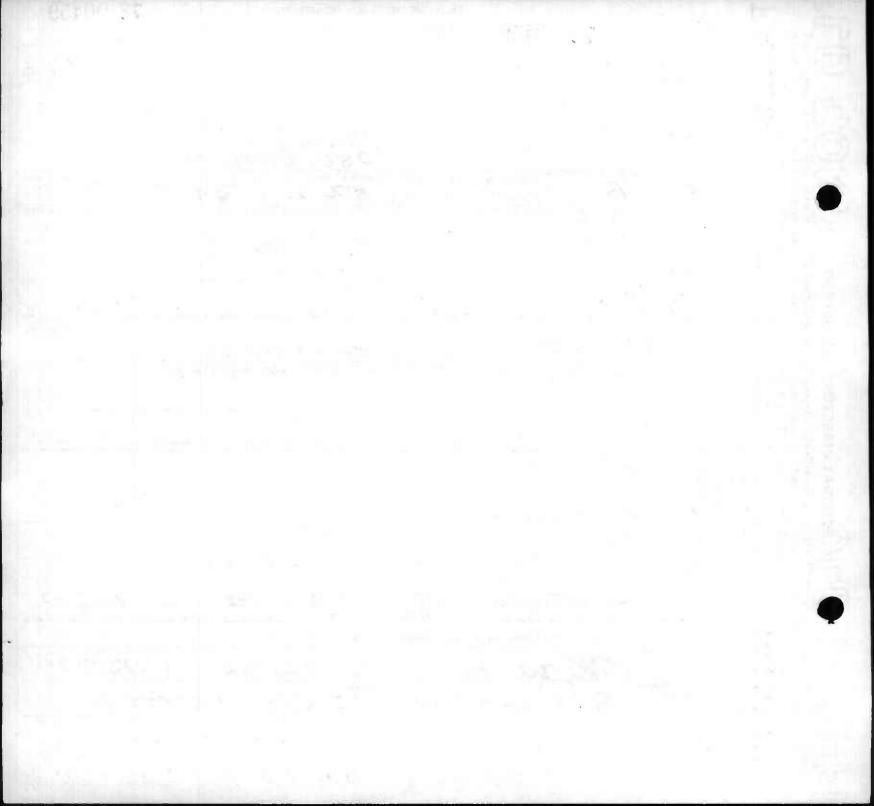
B. COUNTY ance (2) cause MD FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION HOSPITAL OR C. CITY OR TOWN (4) Undetermined cause; attend G 0 D. INSIDE CITY LIMITS? BALTIMORE YES T NO prior contributing E. STREET AND NUMBER occurred WOODLAND is made. regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years II Under 1 Ya. · MARRIED NEVER MARRIED If Under 24 Hrs. deceased WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? .5 disposition done during most of working life, even if retired) Mas 13. FATHER'S NAME the direct 14. MOTHER'S MAIDEN NAME eath HO kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,na or unknown) (If yes, give war ar dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance ŏ duy pronounced 10 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed (3) A fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode al dying, e.g., DUE TO. OR AS A CONSEQUENCE OF: hearl failure, asthenia, etc. It means the disease, regular injury ar camplication which caused death.) ANTECEDENT CAUSES who UNKNOWN are DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the Ξ physician UNDERLYING CONDITION last remains MOS An accident of any nature; (2) Body burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). ore the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? where the by a 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21& PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, farm, factory, street, affice bidg., INJURY OCCUR? (If in Baltimore City, give exact lacation) the body was released to the hospital MEDICAL be DEATH (notify medical examined obtained 21D. TIME (Manth) (Day) (Year) (Houd 9 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved (except Not While While At (APPROX) pub At Work 22. I certify that (1) (this hospital) attended the deceased from 01-12 72 that (1) (we) last sow the deceased alive on_ and that in (my) (our) apinion death occurred on the date hospital eath) and have and from the causes stated above. (1) (We) ((did) (did not) view the bady after death. must 23A. SIGNATURE certificate must O Attending 0 approval Director U 23C. PHYSICIAN'S NAME (Typel prior 23D. ADDRESS at OROSZLAN was D.O.A. shows: (1) 24A. BURIAL CREMATION, deceased 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) written 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C/ FUNERAL DIRECTOR



FUNERAL DIRECTOR: IMPORTANT

Such th occurred in a hospital and contributing cause of death etermined cause; (5) Deceased HO death. attendance 0 prior disposition is made. in regular deceased death 10 (4) Und Was the direct 00 death kind; or final attendance fracture of any pronounced Also, embalmed regular examiner. who 4 the remains are 3 = the physician the chief medical Was a medical Body burns; No physician before to the hospital by accident of any nature; (2) where be obtained 9 approved (except pub death); hospital the body was released must certificate must 0 approval 0 prior to An D.O.A. shows: (1) deceased Was

72 00459 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH 00459 BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, Il institutions residence before admission)
A. STATE B. COUNTY 3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? OF BALTIMON BALTIMBRE YES X NO [E. STREET AND NUMBER OSWEG-0 9. AGE (In years last birthday) 8. DATE OF Il Under 1 Ya Hours Min. 5. SEX 6. RACE · MARRIED NEVER MARRIED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME DUMY 15. Was Decaused Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or dates of service) 6. SOCIAL SECURITY NO. r. 2509 05 Wago APPROXIMATE IN ERVAL CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH YERKS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B) DUE 10, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No) INFRA CEREBRAL HAEDOSPALAC 218 PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? etc.) 21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF lif in Boltimare City, give exact location) MEDICAL DEATH (notity medical examined OF INJURY 21 F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED Not White While At (APPROX) Work At Work 22. I certify that (+) (this hospital) attended the deceased from and that in (my) (our) opinion deoth occurred on the date that (1) (we) last sow the deceased alive on, and hour and from the causes stated above. (4) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending [Med. Staff Phys. Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) CEMETERY OF CREMATORY 248, DATE 24D. LOCATION ANNE Nde Nr B JAN 17 1972 06 258. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR VS 150-REV. 1/1/68



1.1	RTH NO. NAME OF DECEASED ACCUMAND TE OF DEATH REG. NO. 72 00460	
	ype or Print) Core Howard	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission as STATE B. COUNTY
FL	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 2003 C. CITY OR TOWN ID INSIDE CITY HMT52
)		O. Mode directions
4	Bolton Hill Nursing	E. STREET AND NUMBER
	V	1939 Hollins ST
	F Black WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs Months Days Hours Min.
401 30b	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	JOHN H. BROWN	SORAN & FARROW
S. Ye	Wes Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	TV. INFORMANT ADDRESS
_	226-104-998	
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL
	LEADING TO DEATH	command Delataral Memoria Schara
	heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:
	injury or camplication which caused death.) ANTECEDENT CAUSES	45. C. V. Dereans
	DISEASES OR CONDITIONS, if any, giving (B).	
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	Lewelth C. S. ?
_		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTORSY7 (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
ERT		20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
SI	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n of obout 21 C. WHERE DID (If In Baltimore City, give exact location) like bidg., INJURY OCCUR?
MED	21D TIME (Month) (Day) (Yeor) (Haud) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While At Work At Work	· 🗆 📗
	22. I certify that (1) (this hospital) attended the deceased from	1×1×3 19 70 10 1/1× 197×
_	that (i) (we) last saw the deceased alive on	19_7 2 and that in(my) (our) opinion death occurred on the date
	and hour and from the couses stated above. (1) (We) (did) (did not) vi	
	mean & Portura to Attend	nding Med. Staff Director Phys. C
		3D. ADDRESS
44	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. MOGATION (City, town, or county) (Stote)
1	purse 1/14/13 Tran on &	lot Hampton VA
J	AN 1 7 1972 Page & Hauber M.D.	25C, FUNERAL DIRECTOR Hogy 6312 Profiles S
5 1	150-REV. 1/1/6B	

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

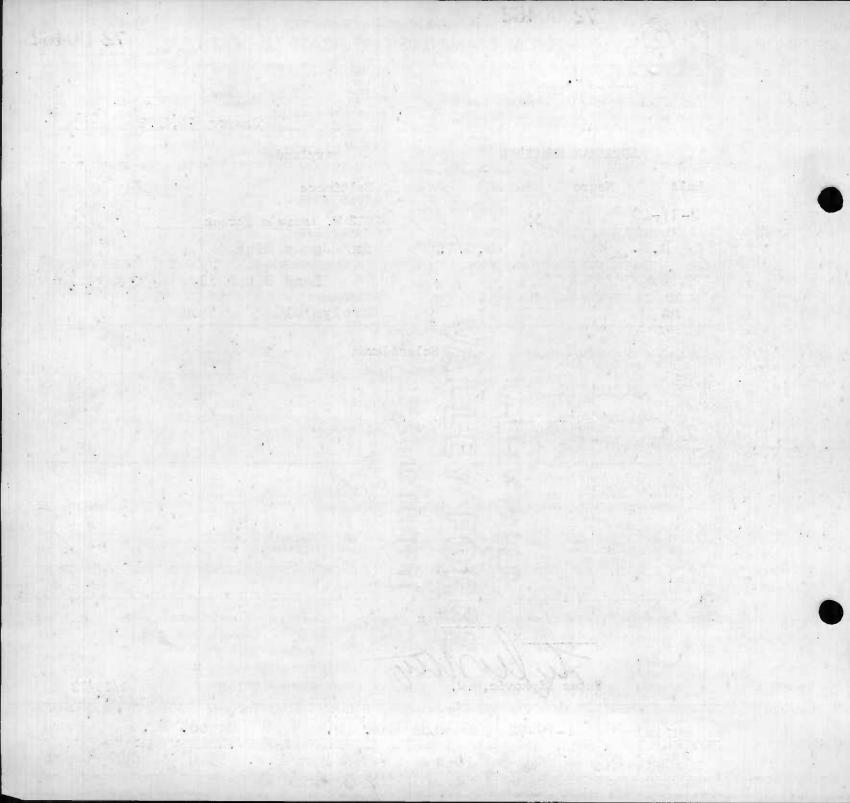
1	7,166	79	00461	BALTIMORE CITY	HEALTH DEPARTMENT		72 00	101
BIR	TH NO.	11-	OOTOT	CERTIFICA	TE OF DEATH	REG. NO	12 00	AUL
(Ту	Pe or Print	AN GA	LLMA		JA	N 15,1	9721	7.30Pm
FU	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	A. STATE B. CO	Paerinole	1	elore odmission)
		ospital o	F BALTI	more inc	PACTIMORE E. STREET AND NUMBER 3488 DOG	R	YES NO	o 🗌
	MILE	NEGRO	WIDOWED		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys H	Under 24 Hrs.
don	. USUAL OCCUPA during mod ol work CHAUFFEU	ung life, even if refired)	ARUND		NEWBERRY,		12. CITIZEN OF W	HAT COUNTRY
	JOHNNIE	GALLMAN			14 MOTHER'S MAIDEN ELIZA SH			
15, 1 (Yes	Wos Doceased Eve i, no or unknown! III NO	er in U. S. Armed Fo yes, give wor or dat	es of service)	16 SOCIAL SECURITY NO. 248 05 381	17. INFORMANT Adelaide	Gallman 34	ADDRESS 55 Delfie	
	LE/ (This does not heart failure, astliniury or camplic ANT DISEASES OR	OR CONDITION DIADING TO DEATH mean the mode of henia, etc. It means after which caused (ECEDENT CAUSE: CONDITIONS, if above cause (A) CONDITION last.	dying, e.g., the disease, d death.)	(B) (A O)	STO MOCA A CONSEQUENCE OF:	TINGL BLEED!		**************************************
CERTIFICATION	TO THE DEATH B	HI NT CONDITIONS COUT NOT RELATED TO TO DITION GIVEN IN PARENTION 198 CONTROL WAS PER	THE TERMINAL RT 1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDE	RED
	21 A. ACCIDENT NO OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING		PLACE OF INJURY le.g., in a, farm, foctory, street, ol	or obout 21C. WHERE DID	IN CERTIFYING CA	re City, give exect loca	ofion)
0	21 D. TIME (M OF INJURY IAPPROX.)	onth) (Doy) (Year)		INJURY OCCURRED Not While At Work	21 F. HOW DID I	NJURY OCCUR?		
	that (1) (we) las	st saw the deceas	ed alive on			to that in (my) (our) opi h.	Jace 15 nion death accurre	19 72 ed an the dote
	23C. PHYSICIAMS NAME (Typel FRANK) BURIAL CREMAT	LIN WE	INSTEIN DAG NA	DEGREE Phys	SINAI HOSPITA	Shoff Phys. 12		
	BURIAL	1/19/	72 MT.		e-all-like	BALTIMORE	ty, town, or county)	MD.
0	AN 17 19 150-REV. 1/1/68	Page &	258. NAME O		25C. FUNERAL DIRECT	and the second	PARK HEIGH	

Pantings.

-/ -/ -

8 -400 172 00462 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	ME	DICAL	EXAMINER'S	CERTIFI	CATE O	F DEAT	H REG. NO.	12	00462
I. NAME OF DEC	CEASED O.			2. DATE	Known 🗌	Month	Doy	Year	Hour
(Type or Print)		UE		DEATH	Estimated [N
	TIMORE, MARYLAND,			3. DATE	UNCED DEAD	Month	Day	Year	Hour '
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET				y 14,19		1:10 P. A
46	LUTHERAN HO				aryland		B. COUNTY	1	604
6. SEX	7. RACE		D NEVER MARRIED	C. CITY OR			D. INSIDE C		
Male	Negro	WIDOWE		Balti			Y	ES 🔼 🕦	NO 🗌
9. DATE OF BIRT	11 1 1	31	ff Under I Yr. If Under 24 Hrs. Aanths Days Haurs Min.		. Lanval	e Stree	t		
11. BIRTHPLACE (S	tote or foreign country)	1:	2. CITIZEN OF TWHAT COUNTRY?	13. FATHER	James I	27.10			
		III 40 KIND 4	and the second second second	10000	*				
	varking life, even if retired		OF BUSINESS OR INDUSTR	Y IS. MOTHE		latche.	7		
14 WAS DECEAS	ED EVER IN U.S. ARMI	D FORCECT	17. SOCIAL	18. INFOR		la cone.		DDRESS	
(Yes, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.		yn Blue		same	DUKESS	
19.72	4.01		CAUSE OF DEA	TH .					PROXIMATE INTERVAL EEN ONSET AND DEAT
DISEAS	E OR CONDITION DIR	ECTLY	Sclero	lerma					
	LEADING TO DEATH		(A)IMMEDIATE	CAUSE					
heort foilure	ot mean the made of a , osthenio, etc. II means t nplication which coused d	ne diseose,		AS A CONSEC	UENCE OF:				
	NTECEDENT CAUSES								
DISEASES	OR CONDITIONS, IF AN	NY, GIVING	(B)	AS A CONSE	QUENCE OF:				
UNDERLYIN	E ABOVE CAUSE (A) ST NG CONDITION LAST.	ATING THE							
<u>S</u>			(C)	***********		**			
O THE DE	IIFICANT CONDITIONS (ATH 8UT NOT RELATED T CONDITION GIVEN IN	O THE TERMIN		1,					
20A. DATE OF			OR WHICH OPERATION W	AS PERFORM	MED			21. AUTO	PSY? (Yes ar Na)
2									no
OHINDERIVING	NAL CAUSE WAS	22 h	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, affic	in or about 2 te bldg., etc.)	22C. WHERE DI	(If in Boltimo	re City, give exc		
UTING CA	USE OF DEATH. (Manth) (Day) (Ye	ar) (Hour)	22E. INJURY OCCURRED		22F. HOW DID	NJURY OCC	IR?		
OF INJURY (APPROX.)	(,		WHILE AT NOT	WHILE VORK					
23.	lfor shoot I hald an	Inquiry	Inspection X Au			Abla basta	J		
- 11130							deoth in my		
result	ted from: Natural co	uses XI	Accident Suici				ned monner [
ACTUAL		. ///	10117		CHIEF MEDICA				DATE SIGNED
SIGNATI		1 /1	NIVINI	,	STANT MEDICA				
EXAMIN NAME (T	er's Refer	ipkovi	c,M.D.	ASSC	CIATE MEDICA	L EXAMINER		1/1	5/72
24A. BURIAL CRE/ REMOVAL (Specif	MATION. 248. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24	D. LOCATION	(City, tow	n, ar county)	(State)
Buria		9-72	Arbutus Me				to. Md		
JAN 1	7 1972 P.		ME OF REGISTRAR		Ison F				Street
VS 151-REV. 1/1/68	3	7	7 % 5	1 0	रा 6	J L			

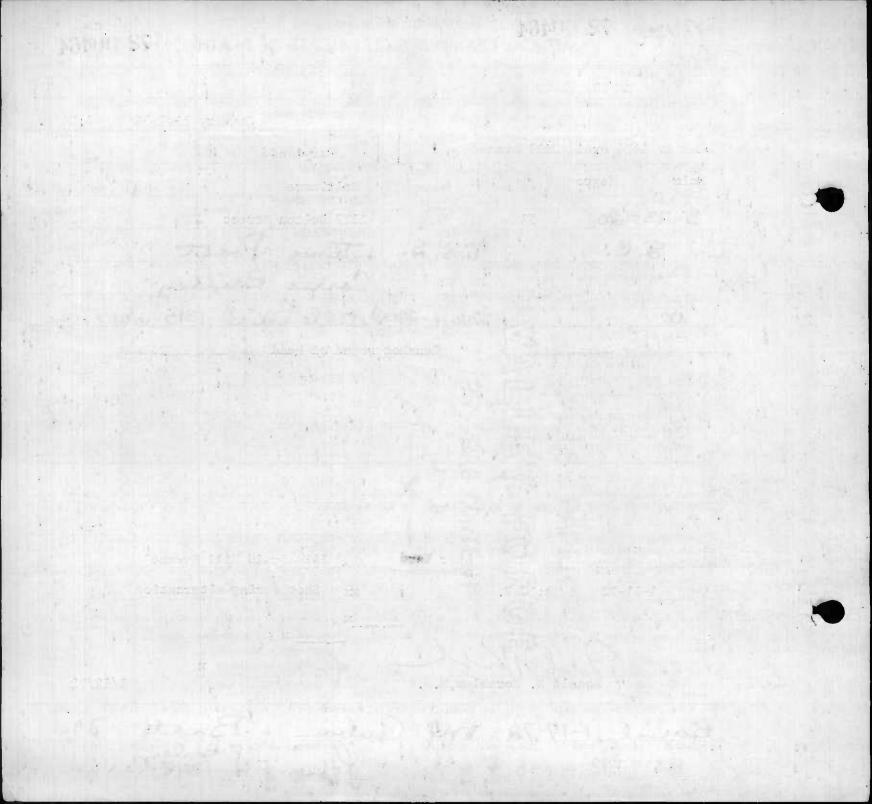


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	AME OF DECEA	SED Q -1	P	10 11	2. DATE A	ND HOUR OF DEATH	H/
		omil	И,	John H	orace)	Jan 14	1721
		MORE MARYLAND,	WHERE PRONG	DUNCED DEAD	A. STATE B. COUN	ere deceased lived, If	institution: residence before
FU	LL NAME OF	ADDRESS OR LOC	TAL OR INSTI-	TUTION, GIVE STREET	md.		/3
IN:	MONUTER	-1 /-	11		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS? YES \(\text{NO} \)
	39 Pr	owdent	(Top		E. STREET AND NUMBER		123 KO
					1 2705 CO	SU/N F	tue.
5. \$	m	RACE		NEVER MARRIED	12-25-09	9. AGE (In years lost birthdoy) 62	If Under 1 Yr. If Under Months Doys Hours
IOA	USUAL OCCUP	ATION (Give kind of wo	WIDOWED		RY 11. BIRTHPLACE (Stote or fore		
done	during most of we	rking life, even if retired)			Va.	aga coonny!	12. CITIZEN OF WHAT
13.	DISA FATHER'S NAME				14. MOTHER'S MAIDEN NA	MAE	
					THE THE STREET RA		
15.	Was Deceased E	er in U. S. Armed Fo	rces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes	, no or unknown) (I	yes, give was or do	es of service)	SECURITY NO.		100 177	
	18. // / 2	//		CAUSE OF DEA	5 Edward Smith	TUZ ALLE	endale Rd. 2
	and I all .	OR CONDITION D	DECTIV	n t	1 1	1-	BETWEEN ONSET A
		ADING TO DEATH		(A)IMMEDIATE C	moseluo/2	0	servay dis
				ASIMMEDIALEU	AUSE	Du Goragia	a. W. Ilanas
	(This does not	mean the mode o	dying, e.g.	DISE TO OR A	S A CONSEQUENCE OF:	//	
	heart failure, as	mean the mode of thenia, etc. It means calian which caused	s the disease	DISE TO OR A	S A CONSEQUENCE OF:		0
	Injury or campli	thenia, etc. It means	s the disease d death.)	DUE TO, OR A	monay lup	hysama	0
	heart failure, as Injury or campli AN DISEASES OR	thenia, etc. It means cation which caused TECEDENT CAUSES CONDITIONS. if	s the disease d death.) S	DUE TO, OR A	monay lup	hysawa	0
	heart failure, as Injury or campli AN DISEASES OR rise to the	thenia, etc. It means cation which caused TECEDENT CAUSES CONDITIONS, if above cause (A)	s the disease d death.) S	(B) DUE TO, OR A	S A CONSEQUENCE OF:	hysawa	
	heart failure, as Injury or campli AN DISEASES OR rise to the	thenia, etc. It means cation which caused TECEDENT CAUSES CONDITIONS. if	s the disease d death.) S	DUE TO, OR A	monay lup	lysama	
	heart failure, as Injury or campli AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC.	thenia, etc. It means calian which causes TECEDENT CAUSE: CONDITIONS, if above cause (A) CONDITION last.	s the diseased death.) Sometimes of the disease of the death.) Sometimes of the disease of the death.)	(B) DUE TO, OR A	monay lup	hysawa	
ATION	heart failure, as Injury or campli AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC, TO THE DEATH DISEASE OR CON	thenia, etc. It means calian which caused it conditions, if above cause (A) CONDITION last. ANT CONDITION COMBIT NOT RELATED TO THE CONDITION OF PARTY OF THE CONDITION OF THE CONDITION OF THE CONDITION OF THE CAME OF THE	s the diseased death.) S any, giving staling the DNTRIBUTING THE TERMINAL RT 1 (A).	(B) DUE TO, OR A	S A CONSEQUENCE OF:	hyspina	
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CAL CERTIFICATION	heat failure, as Injury or campli AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATION THE DEATH DISEASE OR CON 19A. DATE OF OUT OR CONTRIBUTED DEATH (notify mother than 19 or contributed)	thenia, etc. It means calian which caused in which caused it conditions, if above cause (A) condition last. ANT CONDITION S CONDITIONS CONDITION S CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PAPERATION 198. CONWAS PERATION 198. CONWAS UNDERLYING CAUSE OF edicol examined	any, giving staling the Staling the Staling the Staling the STALING ST	(B) DUE TO, OR A (B) DUE TO, OR A (C) WHICH OPERATION B. PLACE OF INJURY league, form, fociory, street,	20A. AUTOPSY? (Yes or No	lysama 1) 208. IF YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH?
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MEDICAL CERTIFICATION	DISEASES OR TIBE TO THE DEATH ON TO THE DEATH OF THE DEATH OR CONTRIBUTE OF INJURY (APPROX.) 21.1. ACCIDENT OR CONTRIBUTE OF INJURY (APPROX.) 22. 1 certify the thot (1) we loon ond hour and finance of the contribute on the con	thenia, etc. It means calian which caused in which cause (TECEDENT CAUSE: CONDITIONS, if above cause (A) CONDITION last. ANT CONDITION	any, giving stating the stating the Statin	WHICH OPERATION B. PLACE OF INJURY Ie.g. me, form, fociory, street, and the deceased from the decease	20A. AUTOPST? (Yes or No office bldg. INJURY OCCUR?	Lysama 208. IF YES, WERE IN CERTIFYING CA (If In Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exect location) Jan. 19 Inton death occurred on
MEDICAL CERTIFICATION	DISEASES OR TIES OR CONTRIBUTE OF CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.)	thenia, etc. It means calian which caused in which cause (TECEDENT CAUSE: CONDITIONS, if above cause (A) CONDITION last. ANT CONDITION	any, giving stating the stating the Statin	WHICH OPERATION B. PLACE OF INJURY Ingome, form, fociory, street, and the deceased from the deceased	20A. AUTOPSY? (Yes or No office bidg., INJURY OCCUR? 21F. HOW DID INJ	URY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? OTO City, give exect location) Inion deoth occurred on 238. DATE SIGNED
MEDICAL CERTIFICATION	heat failure, as Injury or campli AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC, TO THE DEATH DISEASE OR CON 19A-DATE OF OPPORTUNITY (APPROX.) 21.A. ACCIDENT OR CONTRIBUTE (APPROX.) 22. I certify the that (1) we lood hour and for 1934. SIGNATURE	thenia, etc. It means calian which caused calian which caused it conditions, if above cause (A) CONDITIONS, if above cause (A) CONDITION last. ANT CONDITION CONDITIONS CONDITION STREAMED IN PAPERATION 1988. CON WAS PERATION 1988. CON WAS PERATION 1998. any, giving stating the stating the Statin	WHICH OPERATION B. PLACE OF INJURY I.e.g. me, form, fociory, street, E. INJURY OCCURRED hille At Not Whork At Work At Work (I) (We) (Mid) (did not)	20A. AUTOPSY? (Yes or No olice bldg., INJURY OCCUR? 21F. HOW DID INJuite Did office bldg., INJURY OCCUR? 21F. HOW DID INJuite Did office bldg., INJURY OCCUR? 21F. HOW DID INJuite Did office bldg., INJURY OCCUR? 21F. HOW DID INJuite Did office bldg., INJURY OCCUR?	Lysama 208. IF YES, WERE IN CERTIFYING CA (If In Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exect location) Jan. 19 Inton death occurred on	
MEDICAL CERTIFICATION	DISEASES OR TIBE TO THE DEATH ON TO THE DEATH OF THE DEATH OR CONTRIBUTE OF INJURY (APPROX.) 21.1. ACCIDENT OR CONTRIBUTE OF INJURY (APPROX.) 22. 1 certify the thot (1) we loon ond hour and finance of the contribute on the con	thenia, etc. It means calian which caused an which caused (TECEDENT CAUSE: CONDITIONS, if above cause (A) CONDITION last. ANT CONDITION CONDITION CONDITION GIVEN IN PAPERATION 178 CONDITION GIVEN IN PAPERATION 1798 CONDITION (Technology) WAS UNDERLYING CAUSE OF edicol examined (1) (this hospito st sow the decease om the causes start of the cause start of the	any, giving stating the stating the Statin	WHICH OPERATION B. PLACE OF INJURY I.e.g. me, form, fociory, street, E. thjury Occurred hile At Not Work The deceased from Occurred At Work A	20A. AUTOPSY? (Yes or No olice bidg., INJURY OCCUR? 21F. HOW DID INJ	URY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? OTO City, give exect location) Inion deoth occurred on 238. DATE SIGNED
MEDICAL CERTIFICATION	heat failure, as Injury or cample AN DISEASES OR fise to the UNDERLYING OTHER SIGNIFICATION TO THE DEATH OF THE DEATH OF CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 21.1. ACCIDENT OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify the that (I) we lood hour and figures on the contribute of the contri	thenia, etc. It means calian which causes calian which causes (TECEDENT CAUSE: TECEDENT CAUSE: CONDITIONS, if above cause (A) CONDITION last. ANT CONDITION SCORE CONDITION SCORE CONDITION SIVEN IN PAPERATION 198 CONWAS PER CONWAS PER CONTROL (1) (this hospito st sow the decease come the causes stated in the causes stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito stated control (1) (this hospito st sow the decease come the causes stated control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st sow the decease control (1) (this hospito st	any, giving stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating to the stating the sta	WHICH OPERATION B. PLACE OF INJURY I.e.g. me, form, fociory, street, while At At Work the deceased from [1] (We) (did) (did not)	20A. AUTOPSY? (Yes or No office bidg., INJURY OCCUR? 21F. HOW DID INJuly office bidg., INJURY OCCUR? 21F. HOW DID INJuly office bidg., INJURY occur? 21F. How DID INJuly office bidg., INJURY occur? 21F. How DID INJuly office bidg., INJURY occur? 21F. How DID INJuly office bidg., INJURY occur? 21F. How DID INJuly office bidg., INJURY occur.	URY OCCUR? Shoff (My) (Our) of Phys.	FINDINGS CONSIDERED AUSES OF DEATH? OTO City, give exect location) Inion deoth occurred on 238. DATE SIGNED
MEDICAL CERTIFICATION	DISEASES OR TISE to the UNDERLYING OTHER SIGNIFIC. TO THE DEATH DISEASE OR CON 19A-DATE OF O 19A-DATE OF OR CONTRIBUTI DEATH (nosity m 1210. TIME 17 (APPROX.) 210. TIME 17 (APPROX.) 22. I certify the thot (1) (we) loond hour and for 1934. SIGNATURE 1945. SIGNATURE 1956. BURIAL CREMA	thenia, etc. It means calian which causes calian which causes (TECEDENT CAUSE: TECEDENT CAUSE: CONDITIONS, if above cause (A) CONDITION last. ANT CONDITION CONDITIONS CONDITION CONDITION CONDITION CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS (Technology) WAS UNDERLYING CONDITIONS (Technology) WAS UNDERLYING CONDITIONS (Technology) WAS UNDERLYING CONDITIONS (Technology) Anonth) IDoy) (Year) at (1) (this hospito st sow the decease come the causes started to the cause started to the causes started to the cause starte	any, giving staling the stalin	WHICH OPERATION B. PLACE OF INJURY IE., me, form, fociory, street, and the deceased from the deceased	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or	URY OCCUR? Shoff (My) (Our) of Phys.	FINDINGS CONSIDERED AUSES OF DEATH? FOR City, give exect location) Jan - 14 19 Inton death occurred on 23R. DATE SIGNED Jan - 14

Sales True

VS 151-REV. 1/1/68



	72 00465
Mna	BALTIMORE CITY HEALTH DEPARTMENT
M-235	MEDICAL EXAMINER'S CERTIFICATE OF DEATH

M.	23	5	MF	DICAI		BALTIMORE CITY HE)F [FAT	Н		72 0	046	5
BIRTH NO	0.		,,,,	J. C. (1		, then tele o					REG	. NO			
I. NAME	OF DEC	EASED					2. DATE	Known 🖪	X	Month	Do	У	Yeor	Hour	
(Type or P	rint)	Mal	bel Mc	Dona1	1		OF DEATH	Estimoted		1	14		72		м.
4. PLACE	IN BAL	TIMORE, M	ARYLAND,	WHERE P	RONOI	UNCED DEAD	3. DATE			Manth	Do	У	Yeor	Hour '	701.
FULL NAM HOSPITAL OR INSTIT		(IF N	OT IN HOSPI	ITAL OR INS	OITUTITO	N, GIVE STREET		UNCED DEAD		1	-	4	72	6:30	191.
0	0		1217	W. Mos	sher	St.	A. STATE	ESIDENCE (W Md.	here d		B. COU		residence t	I hat) /
6. SEX		7. RACE		B. MARI	RIED	NEVER MARRIED	C. CITY OR	TOWN			D. INS	IDE CIT	Y LIMITS?		
fer	male	Ne	egro	WIDO			F	Balto.				VE	S 🔯	NO 🗆	
9. DATE	OF BIRTH	Н	10.AGE	(In years	If Und	ler 1 Yr. If Under 24 Hrs.	E. STREET	ND NUMBER	?			16,		140 🗀	
	1_1	8-05	lost birthe	-	Month	Doys Hours Min.		1017 11	Ma	ah an	C &				
11. BIRTH	PLACE(S	tote or fore	ign country)	*	12 CI	TIZEN OF	13. FATHER	1217 W.	IMO	sner	St.			_	
			,,			HAT COUNTRY?			0.0						
144 115114	Md.			III 40 PINI	U	D.A.		l Gain							
done during	g most of w	orking life, e	ven ifretired	(146. KIN	D OF BI	JSINESS OR INDUSTR		R'S MAIDEN I							
	etir			Futi		Ins. Co.		Fores	ter	•					
16, WAS	DECEASI	ED EVER IN	U.S. ARM	ED FORCE	\$?	7. SOCIAL SECURITY NO.	IB. INFOR	MANT					DRESS		
n		(,,				220146404	Harry	McDon	ald	1 31	80	Jef.	fery	Rd.	2120
19.	7 1	2 11.				CAUSE OF DEA						77 - 17		PROXIMATE TEN ONSET	
DIS RISI	Is does not follow, ory or com AN SEASES CE TO THE	LEADING To the mean the costhenio, e- polication when NTECEDEN' OR CONDITIES	e mode of a tc. It means t nich coused d	dying, e.g., he disease, le oth.) NY, GIVING IATING THE		(A)IMMEDIATE	CAUSE AS A CONSEQ								
DIS DIS	THE DEA	CONDITIO	ONDITIONS OF RELATED TO	PART 1 (A)	AINAL	HICH OPERATION W	AS PERFORM	ED				******	21. AUTO		or No)
1/2														yes	
	ERLYING	NAL CAUSI OR COI USE OF DE	NTRIB-		home,	ACE OF INJURY(e.g., form, foctory, street, offic	in or obout 2 e bldg., etc.)	2C. WHERE D	ID (If i	n Boltimai	e City, g	ive exoc	t location)		4, 5
	TIME (ar) (Hou	.	ILE AT NOT AT W	WHILE CORK	2F. HOW DID	חנאו	RY OCCI	JR?				
23.		ify that I		Inquiry [Inspection Au		and that o					7		
	result	ed from:	Natural ca	uses X	Acc	cident Suicio		micide		determi	ned mo	nner _	1		
	ACTUAL SIGNATU	IDE >	the.	lu	M	the M.	ASSI	STANT MEDICA			XXX			DATE SIC	SNED
	EXAMINE NAME (T	ER'S D	eter L	pkovi	.c, N			CIATE MEDIC	AL EXA	MINER				1/14/	72
24A. BUR	IAL CREA	AATION,	24B. DATE		24C.	NAME of CEMETERY	or CREMATO	RY 2	4D. LO	CATION	(Cit	y, town,	or county	(S1	ote)
Buri		Υ)	1 17	72	1	lanhardar - 18	772		D =		3/13				
		BY HEALTH	1-17	_		rbutus her	n. PK.	HAIED AL DID	pa l	to	Md.	AD	DDECC		
ZJA, DAI	IAN 4	P 107	2		-	REGISTRAR		son F.	H				oun (Stree	ot.
-		1-1-11				7 11		1	1			~~~			

C. (7.1) . SERVED TO THE VEST OF THE VEST called the community of the called the called

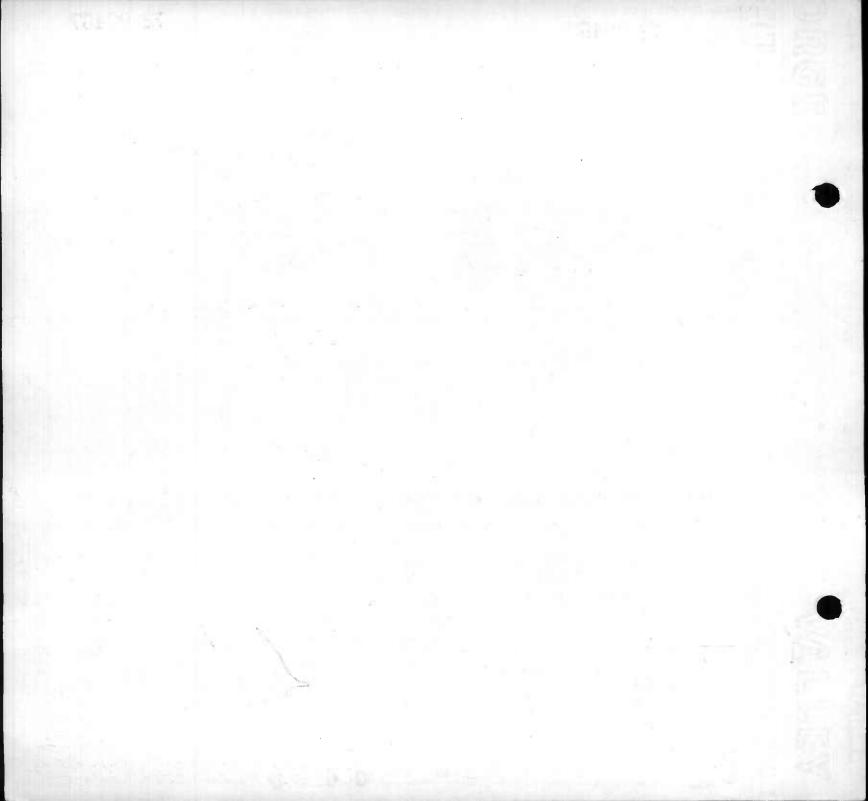
72 00466 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 72 00466
BIRTH NO.	U
(Type or Print) Johnse E. Stubbs	2. DATE Known \(\begin{array}{c c c c c c c c c c c c c c c c c c c
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 1 15 72 10:00 a _M 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
0 0 1437 E. Eager Street	A. STATE B. COUNTY 1002
6. SEX 7. RACE B. MARRIED NEVER MARRIED	D. INSIDE CITY LIMITS?
male Negro WIDOWED DIVORCED	Balto. YES NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
IRVING N.C. WHAT, COUNTRY?	JOHN STUBBS
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Y15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN J.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no grunknawn) (If yes, give wor ar dates of service) SECURITY NO. 239-38-87	MARY THOMAS 2720 Bery / AV
CAUSE OF DEA	
	abdural hematoma
LEADING TO DEATH (A)IMMEDIATE (DUE TO, OR A	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	y metamorphosis of liver
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No) yes
UNDERLYING OR CONTRIBUTION OF CAUSE OF DEATH.	, in or obaut 22C. WHERE DID (If in Baltimare City, give exact location) INJURY OCCUR? 1437 E. Eager St. (side walk)
OF INJURY (APPROX.) unk unk work NOT AT W	Subject allegedly fell on side walk, an supposedly fell out of chair.
23. I certify that I held on Inquiry Inspection Au	utopsy XX and that an this basis, death in my opinion
	de Hamicide Undetermined monner
ACTUAL TO STATE OF ST	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE A CONTROL M.D.	D. ASSISTANT MEDICAL EXAMINER 1/16/72
Peter Lipkovic, M.D.	*
24A. BURIAL CREMATION, REMOVAL (Specify)	
REMOVAL 1-18-72 DAVIS Chapte 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	125C FUNERAL DIRECTOR ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS COMMON B. SONIACES MISS F. Proston S.
VS 151-REV. 1/1/68	Gural Brog aggs 141x E, Treston S.

93411155 "email . Wond - Sept. Sept. 1 Table Att. I TELL TELL SOW Con an at the State of the Stat The said Society Describing TEN PERMANANTAL TEN PERMANANTAL PROPERTY OF THE PERMANANTA (Mar sale) .58 made . 1 (Clas to b) A TO SELECT OF LIBERT ASSOCIATION TO SELECT OF A SELEC Removed 178 The Boys Chapt Commity Delice

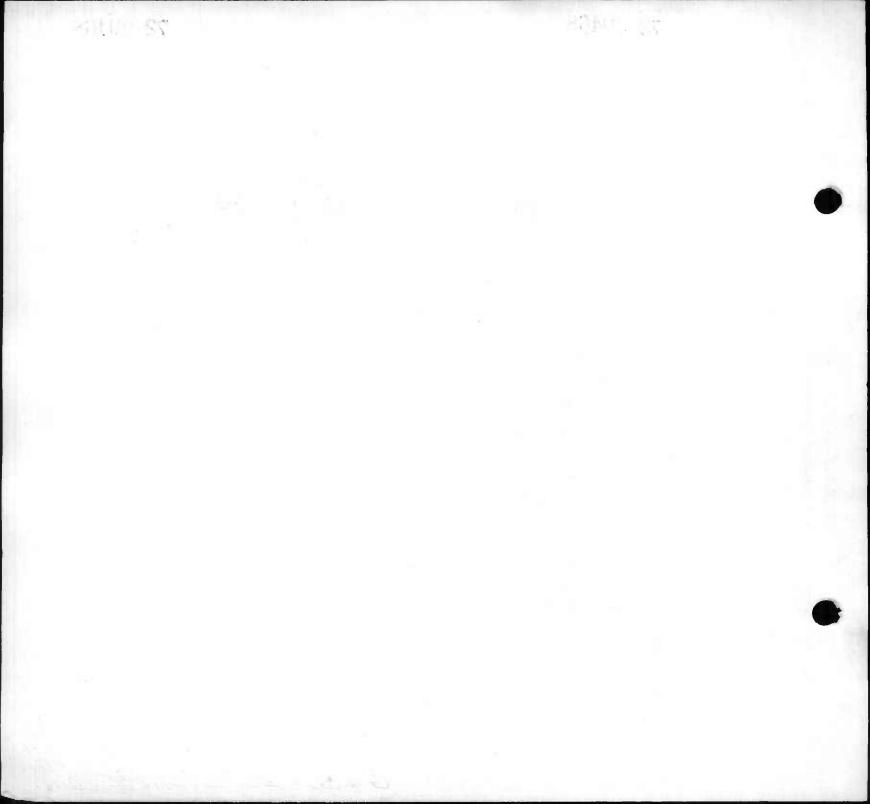
was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if deoth accurred in a haspital and shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the absolute).

BALTIMORE CITY HEALTH DEPARTMENT

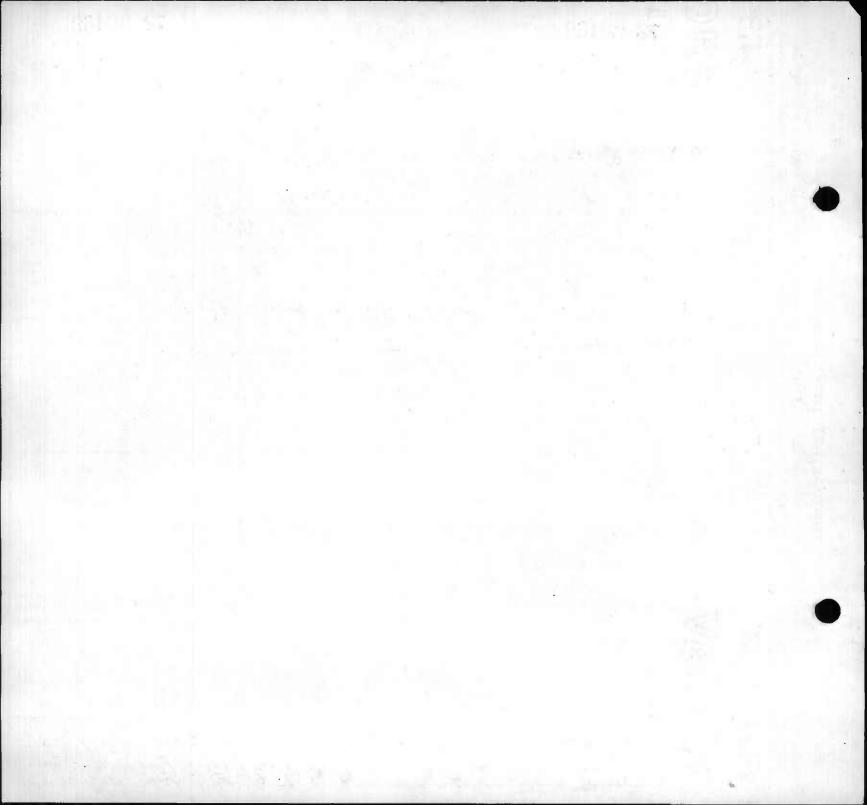
BIRTH NO. 72 00467	CERTIFICATE	OF DEATH	REG. NO.	10401		
T, NAME OF DECEASED (Type or Print) Henry Jose	of Goets	2. DATE AND HO	ry 9, 1972	3:30 A, M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	ISUAL RESIDENCE (Where dece	egsed lived. It institution:	residence before odmission)		
HOSPITAL OR ADDRESS OR LOCATION	C.C.	Mary dad	D. INSIDE CITY	LIMITS?		
1440 Hall Si	,	BelTimert	YES Z	NO 🗌		
BelTimore, M	1d. 2/230 E.S	TREET AND NUMBER	51.			
5. SEX 6. RACE 7. MARRIED		ATE OF BIRTH 9. AG	E (In years If Und	er 1 Yr. If Under 24 Hrs. Doys Hours Min.		
M WIDOWED	DIVORCED Ja	12 42 - y 24, 1892 9. AG lost bi	79	Doys Hours Will.		
toA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF Bildone during most of working life, even if retired)	USINESS OR INDUSTRY 11. B	IRTHPLACE State or foreign cou	untry) 12. CIT	ZEN OF WHAT COUNTRY?		
Longghorem 24 -		Pennsylva	112	21.5, A.		
13. FATHER'S WAME To ha Goe		MOTHER'S MAIDEN NAME	Marie 6	0 07		
	1	NFORMANT	172718 6	ADDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 2/5-03-063-		GOETS 1440	Hull ST.		
18.412,41 7250,9	CAUSE OF DEATH	0 7.	1. 4.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	aren	scenic c	d'aire	5 gm		
(This daes not mean the made of dying, e.g.,	(A)IMMEDIATE CAUSE Dye TO, OR AS A COM		a Crisina			
heart failure, osthenio, etc. It meons the diseose, injury ar complication which caused death.)	Banna	me arteryo	To the			
ANTECEDENT CAUSES de cheler metteres						
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS A CO	NSEQUENCE OF:				
tise fa the above couse (A) stoling the UNDERLYING CONDITION last.	\$		0.0000000000000000000000000000000000000			
_ 11	Japan rosp	unday my	tecto			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	my liceting	chimi il	Chruc			
▼ DISEASE OR CONDITION GIVEN IN PART I (A).		OA. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDING	S CONSIDERED		
19A. DATE OF OPERATION 19B. CONDITION FOR WH		IN	CERTIFYING CAUSES OF	DEATH?		
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., in or o form, foctory, street, office b	bout 21 C. WHERE DID	(If in Boltimore City, gi	ve exact location)		
	IJURY OCCURRED	21F. HOW DID INJURY C	CCUR?			
₹ (A PRECY) While						
Work	At Work		A			
22 1 - 11 1 1 1 1 1 1 1 1 1 1 1	1 11 //	caa 10 C	3. 11 am	. (0 10 7)		
22. I certify that (I) (this haspital) attended the	deceosed from	19 G	10	. 6 19 7 2		
that (I) (we) lost saw the deceased alive on	Jan G	19 ?] and that in (10	oth accurred an the date		
that (1) (we) lost saw the deceased alive on ond hour and from the causes stated above. (1)	Jan G	19 ?] and that in ((my) (aux apinian de			
ond hour and from the couses stated above. (1) (23A. SIGNATURE & & & & & & & & & & & & & & & & & & &	We) (did) (did not) view to	19 7 and that in (the body ofter death. Med. Shaff Director Phys.	(my) (aux apinian de	oth accurred an the date		
ond hour and from the couses stated above. (1) (23A. SIGNATURE	We) (did) (did not) view to /2.1/2. Attending Phys. 23D. A	19 7 and that in (the body ofter death.	(my) (avx apinian dec			
that (1) (we) lost saw the deceosed alive on ond hour and from the couses stated above. (1) (23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	We) (did) (did not) view to the last th	and that in (the body ofter death. Med. Director Phys. ADDRESS STORY 24D. LOCATI	(my) (av) apinian dec	ME SIGNED on. 9, 1872 hr/Balto, May		
that (1) (we) lost saw the deceosed alive on ond hour and from the couses stated above. (1) (23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 1-12-72 Gran	We) (did) (did not) view to /7. //. DEGREE Attending Phys. 23D. A GEORGE VIEW COMMETTERY OF CREMATO	and that in (the body ofter death. Med. Shaff Phys. ADDRESS 5500 Bein ORY 24D. LOCATI	(my) (av) apinian dec	ME SIGNED on. 9, 1872 hr/Balto, May		
that (I) (we) lost saw the deceosed alive on ond hour and from the couses stated above. (I) (23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAM	We) (did) (did not) view to the state of CEMETERY of CREMATO	and that in (the body ofter death. Med. Director Phys. ADDRESS STORY 24D. LOCATI	(my) (av) apinian dec	ME SIGNED on. 9, 1872 hr/Balto, May		



- 11	BIRTH NO. 72 UU468 CERTIFICAT	E OF DEATH REG. No. 72 00468
	1. NAME OF DECEASED (Type or Print) Tosephine Kag Miers Ki 3. PLACE (N BALTIMOR MARYLAND, WHERE PRONOUNCED DEAD 4	2. DATE AND HOUR OF DEATH 1 1 72 7 4 5 aug. M. USUAL RESIDENCE (Whore deceased lived, II institution: residence before admission) STATE 8. COUNTY
	FULL NAME OF IS NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 21230. CITY OR TOWN D. (INSIDE CITY LIMITS?
	South Ballimore general Hospital	Balliture YES IP NO [] STREET AND NUMBER 1323 GOKSIE ST.
	WIDOWED DIVORCED	9 20 05 9. AGE (In years of Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. done during most of working life, even if tellired) Lineance (Company)	Miss. 4, 1. a.
	walter Kozlowski	MOTHER'S MAIDEN NAME 2-UP ?
	15. Was Decoased Ever In U. S. Armed Forces? (Yes, no or anknown) (If yos, give war ar dotes of sorvice) 16. SOCIAL SECURITY NO.	R. Sirithara South Baltium Genal Hay
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury at camplication which caused death.)	
	ANTECEDENT CAUSES	, europium.
	DISEASES OR CONDITIONS, il any, giving nise la the abave cause (Al stating the UNDERLYING CONDITION last, (C)	Lib villaturi
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ((A).	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF (NJURY (e.g., in or home, form, factory, street, affice etc.)	about 21 C. WHERE DID III in Raitimare City also exact facation)
	21D. TIME (Manth) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF (NJURY (APPROX.) Not While At Work At Work	21F. HOW DID INJURY OCCUR?
	22. 1 certify that (4) (this hospital) attended the deceased fram	9 19 72 10 11 19 72
	that (i) (we) last saw the deceased alive an	19 72 and that In(my) (out)-apinion death occurred an the date
	and haur and from the causes stated abave. (I) (We) (did) (did net) view 23A. SIGNATURE	
	R. Sinitaga M.D. Attendin	Director Phys.
	NAME TYPER. SIRITHARA M.D. S	outh Baltimore General Hospital.
4	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATION O	Cem. ane Greentel Courter Wil
	JAN 1 7 1972 PAGE E. Jalles, M.D. VS 150-REV. 1/1/68	Salls to Steven Final Fritterer;



1557		BALTIMORE CITY	HEALTH DEPARTMENT	~	0 00100
BIRTH NO	72 00469	CERTIFICA	TE OF DEATH	REG. NO.	2 00469
1. NAME C	of DECEASED - int) Frank	So Kolows		6-72	15:00 AM M
3, PLACE	IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (When	e deceosed lived. If inst	itution: residence befare admission)
FULL NAM	OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY ORJOWN		E CITY LIMITS?
INSTITUTIO	1408 Cooksi	4 51	Bulliner		YES NO
00	BalTimert, 1		E. STREET AND NUMBER	ooksir si	T
S. SEX	6. RACE 7. MAR. WIDO	NIED NIEVEK MAKKIED	10-30-98	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
	L OCCUPATION (Give kind of work 10 B. KIN most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	-ongtheremen		Pol.	240	U. S.A.
13. FATHER	Ulu Ka ou		4. MOTHER'S MAIDEN NAM	n Kuowa	
15. Was De	eceased Ever in U. S. Armed Farces?	icel 1 6- SOCIAL	17. INFORMANT		ADDRESS
y-	5 World War I	215-09-3330F	+ Mary Sokolow	W-5Ki 1408	Looksie ST.
DISEA rise UNDE UNDE UNDE	daes nat mean the made of dying, failure, asthenia, etc. It means the disc or camplication which caused deoth.) ANTECEDENT CAUSES ASES OR CONDITIONS, if any, git is the obave cause (A) stating extensions (A) stating extensions. It is a stationary conditions contributed to the terminal condition of the terminal conditions (A). ATE OF OPERATION 198. CONDITION (A).	ving (B) DUE TO, OR AS A like (C)	CONSEQUENCE OF: LUNG A CONSEQUENCE OF: 120A. AUTOPSY? (Yes of No		
19A. D.	WAS PERFORMED	OK WHICH OFERATION	ZOA. AUTOPST! (Tes of No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CO	CCIDENT WAS UNDERLYING DATRIBUTING CAUSE OF I (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, affietc.)		(If in Baltimore	City, give exact location)
21 D. TI. OF INJ	JURY	21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJI	URY OCCUR?	, ,
22. 1	certify that (I) (this haspital) attend	led the deceased fram	July 7 1	9 65 ta /	6/72 19
that (1	l) (we) last saw the deceased alive	an flec 12	19 7 and the	at in (my) (aur) apini	an death accurred on the date
	aur and from the causes stated abay	re. (1) (We) (did) (did nat) vi	ew the bady after death.		
234. 31	1 Chris	Atten	ding Med.	Shaff	23B, DATE SIGNED
23 C. P.H	HYSICIAN'S AME (Type)	GEGREE Phys.	D. ADDRESS	Phys.	11/1/2
	RICHEDO LOZI	ADA HID GEGREE	1285. Chas	les St. Belt	161 21230
24A. BURIA	AL CREMATION, 24B. DATE 24 VAL (Specify) 1-8-72	HOLY ROSZTY C	engeTery 24D. LC	Bultimer	f Maryland. (State)
25A. DATE			2SC. FUNERAL DIRECTOR	STEVENS FU	neral Home Inc.
J	AN 1 7 1972 384 8	Jaben M.D.	0-71 9501	East Fer	7 AVENUE



72 00470

MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	72 1	00
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72 00470 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	72 00470
BIRTH NO.	i lu
1. NAME OF DECEASED (Type or Print) GARLAND CAVINESS 2. DATE Known Month Doy OF DEATH Estimated	Year Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD January 14, 1	972 7:15 P _M
OR IN CITIED IN USUAL RESIDENCE (Where deceased lived. If institution	
SOUTH BALTO. GENERAL HOSPITAL (DOA), 20-72 Maryland B. COUNTY	a Tul
MAKKED IS IVEVER MAKKED I	CITY LIMITS?
TELL WILLS WILDOWED DIVORCED	YES NO L
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months; Days Haurs Min. 1400 Reynolds Avenue	
11. BIRTHPLACE (State or foreign country) North Carolina 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME Tron D. Carl 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of warking life, even if retired) Carrotter May 7 62 March	inegs
14A USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	1
done during most of warking life, even if retired) (2) - Perter Ma) - The Muri	0 { /
116. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 16. INFORMANI	ADDRESS
YES World War II 216-07 15 83 17,-5, Pelog- E1 Carjue 39 1400	o Reynolds STI
19.5/9.3 H 3039 CAUSE OF DEATH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Chronic obstructive pulmonary disea	se
(A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF:	######################################
heart failure, asthenio, etc. It means the disease, injury ar complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	9 9-9 4
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes ar Na)
	no
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give e home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	
UNDERLYING OR CONTRIB. home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 122E INJURY OCCURRED 22F, HOW DID INJURY OCCUR?	
OF INTERY	
(APPROX.) m. WHILE AT NOT WHILE AT WORK	
23. I certify that I held an Inquiry Inspection Autapsy and that an this basis, death In m	v aninian
resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner	
CHIEF MEDICAL EXAMINER	
ACTUAL ASSISTANT MEDICAL EXAMINER &	DATE SIGNED
SIGNATURE M.D.	1/15/72
EXAMINER'S NAME (Type) Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, to	own, or county) (State)
Burial 1-19-72 Holy Cross Cometery B2171mor	/ / / / /
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR C427-1eg L, 9/eyeus F	ADDRESS Howel, INC.
JAN 17 1972 Valent E. Janber M.D.	YEURE
VS 151-REV. 1/1/6B	

1-20-72 - Letter from - Office of the Chief Medical Examiner, Peter Lipkovic, M.D.
Assistant Medical Examiner

HRS

the chief medical

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 72 00471 CERTIFICATE OF DEATH if death occurred in a hospital and irect or contributing cause of death. (4) Undetermined cause; (5) Deceased Such on the BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MAJEWSKI REBECCA LYNN 8 **JANUARY** 1972 5:10PM death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD attendance B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN 0 D. INSIDE CITY LIMITS? BALTIMORE YES NOX ST AGNES HOSPITAL occurred in prior E. STREET AND NUMBER LINDA AVENUE HANOVER MD 21076 in regular mad 5. SEX 6. RACE 8. DATE OF BIRTH 7- MARRIED NEVER MARRIED deceased 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. Hours i Min. Months Paxs Hours FEMALE CAUCASIAN lost birthday 10/16/71 WIDOWED DIVORCED disposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) INFANT MARYLAND SA Was the 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME LEONARD MAJEWSKI EVELYN KULIS eath 60 15. Was Deceased Ever in U. S. Anned Forces 6. SOCIAL 17. INFORMANT ADDRESS or final (Yes, no or unknown) (If yes, give wer or dotes of service) SECURITY NO. attendance NO ST AGNES HOSPITAL BALTO MD 21229 0 any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH GESTIVE W-leps 1This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF ar heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) regul who ANTECEDENT CAUSES TRISOMY are DISEASES OR CONDITIONS, if any, giving OR AS A CONSEQUENCE OF: 3 rise to the above cause (A) stating the Ē YNDROME physician before the remains UNDERLYING CONDITION lost Was medical burns; Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). No physician (2) Body the 19A. DATE OF OFERATION 1198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 WAS PERFORMED YES 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If In Soltimore City, give exoct location) hospital MEDICAL DEATH (notify medical examined any nature; obtained 21D.TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At F Not While (APPROX.) and Work At Work the 22. I certify that (1) (this hospital) attended the deceased from 29 death); 99 that (1) (we) lost sow the deceased alive on. ond that in (my) (our) opinion death occurred on the date of hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. was released accident must 23A. SIGNATURE 23 B. DATE SIGNED Attending [Med. Staff 0 Phys. approval Director 8 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS to D.O. A. HOSPITAL DEGREE deceased p 24A. BURIAL CREMATION, 248. DATE the body (City, town, or county) (Stote) REMOVAL (Specify) shows: Kesdry Cometery Mas 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

4 2 6 7 6 2 191 2

DO A TOTAL POPULATION OF THE STATE OF THE ST

VS 150-REV. 1/1/68

Baltimore	J. 1143	YES NO				
STREET AND NUMBER						
508 Bridgeview		1225				
DATE OF BIRTH 1/3/72 los	AGE (In years I birthday)	Months D	Yr. If Under 24 His. bys Hours Min. 22 04			
BIRTHPLACE (Stote or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?			
Maryland			U.S.A.			
MOTHER'S MAIDEN NAME	Shelia 3	Jehnsen				
INFORMANT		A	DDRESS			
Records:BCH-494	Eastern /					
			APPROXIMATE INTERVAL			
CARDIO RESPIRAT	DRY FAIL	LURE				
ORY DISTRESS CONSEQUENCE OF: PREMATURI	SYNDRO	u E	BIRTH			
THEFT CHITOLET	1 1 -					
20A. AUTOPSY? (Yes or No.) 2	OB. IF YES, WERE FIN CERTIFYING CAU	NDINGS CO	nsidered TH?			
obout 21C. WHERE DID bldg., INJURY OCCUR?	(If In Boltimore	City, give ex	coct lacotion)			
21 F. HOW DID INJURY	OCCUR?					
		, ,				
3/12 19	to/	14/72	19			
	4	an death a	ccurred on the date			
the bady after death.						
Med. Shaf		23B. DATE S	5/72			
Raltimere	n Avenue, B	altimo	re,Md.			
TORY 24D. LOCA	TION (City,	lawn, or co	untyl (Stote)			
	imore, Mar	yland	21224			
25C. FUNERAL DIRECTOR	חקסות זו	TAP	ADDRESS			
	TI-JUNE	DAL.				

11.18

Called Hoseptal address should be 2625 Grogenore

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red in a hospital and outing cause of death ed cause; (5) Deceased ar attendance on the prior to death. Such de.	
or his assistant if death occu Also, if the direct or contri e of any kind; (4) Undetermi counced death was in regu attendance on the deceased med or final disposition is mi	
approved by the chief medical examiner or his assistant if death occurred in a hospital and o the hospital by a medical examiner. Also, if the direct or contributing cause of death i any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the); and (6) No physician was in regular attendance on the e obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	

5-514 72 00473	BALTIMORE CITY	HEALTH DEPARTMENT	,	72 00473
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	74 00470
1. NAME OF DECEASED SWINGLE	WILLIAM.	A /	HOUR OF DEATH	2 612 am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNT	Υ	titution: residence before admission)
FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
SO. BALTO GEN- ItOSP		BALTIMO	RE	YES NO NO
43		E. STREET AND NUMBER	viclin A	VE
S. SEX 6. RACE WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	6-24-13	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN doae during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME WILLIAM W		14. MOTHER'S MAIDEN NAM MYRTLE	Thomas	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT William W. Swin	igle Box 339	A Woodland Road
(This does not mean the mode of dying, heart failure, asthemia, etc. It means the disinjury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last.	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION WAS PERFORMED.	FOR WHICH OPERATION	STIVE /ETORY		INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21C. WHERE DID injury occur?	(If in Boltimore	City, give exact (acation)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	IRY OCCUR?	
22. I certify that (I) (this haspital) attention that (I) (we) last say the deceased alive	an 1-15-	19.72 and the	9 72 to t in(my) (our) apir	1-15 1972
and haur and fram the sames stated aba	7 DEGREE	nding Med. Director	Shaff Phys.	238. DATE SIGNED 1-15-72
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
REMOVAL (Specify)	4C. NAME of CEMETERY OF CRE			y, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	inton Pa.	Patapsco Ave
VS 150-REV. 1/1/68		The state of the s	un nome 2)/	· aupou rive

STALL SI THE PROPERTY OF THE FORTHERIEN STEEL . Plyarte Thomas WILLIAM IE Merrystos con Laur Cherry Commence of the second that we will be a State annays - 52 f. f. f.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

0 1-	- mo	00494	BALTIMORE CITY	HEALTH DEPARTMENT		72 00474
-45	5 72 (00474	CERTIFICA	TE OF DEATH	REG. NO.	
NAME OF DE	CEASED			2. DATE A	ND HOUR OF DEA	ATH
Type or Print)	El mary 1	Western	0.43	1-1	3-72	1 3:15 P.
3. PLACE IN BA	LTIMORE MARYLA	ND, WHERE PRO	NOUNCED DEAD	14. USUAL RESIDENCE IN	ere deceased lived.	If institutions residence before admission
				A. STATE B. COU		2841
OSPITAL OR	F (IF NOT IN I	HOSPITAL OR IN	STITUTION, GIVE STREET		altimore	X871
NOTITITION				C. CITY OR TOWN	D. 1	INSIDE CITY LIMITS?
11-)				Baltimore		YES NO
T od	STNALE	HOSPITS	Τ.	E. STREET AND NUMBER	0 1 1	
		1001111			ford Aus	
SEX	6. RACE		IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	Il Under 1 Yr., Il Under 24 Hrs Months: Doys Hours Min.
Male	White			6-17-01	70	
	CUFATION (Give kind if working kife, even if n		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of to	reign country)	12. CITIZEN OF WHAT COUNTR
^				D-14:	1	110 4
3. FATHER'S NA	TIRED	- I E lec	ctrician	Baltimore, Ma		USA
				The street of the street of the	- 04 × 1 db	
	liam	Colema				Upperman
5. Wee Deceuse les, no or unknow	m) (If yes, give war	ed Forces? or dates of service	SECURITY NO.	17. INFORMANT		ADDRESS
NO			213-10-7383	Juanita Coler	nan = 3820 N	Milford Avenue 212
18. ///	0 17		CAUSE OF DEAT		nan Jobo i	APPROXIMATE INTERVAL
UNDERLYIN	he above cause IG CONDITION Id II IFICANT CONDITION	es CONTRIBUTION	(c)			
C DISEASE OR	LTH BUT NOT RELATE CONDITION GIVEN	IN PART 1 (A).				
19A-DATE C		L CONDITION FO	OR WHICH OFERATION	20A AUTOPSYR (Yes or)	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLY BUTING CAUSE O	ING	218 PLACE OF INJURY (e.g., home, form, fociory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Balti	imare City, give exact focotion)
21D. TIME	(Month) (Doy)	(Year) (Houd	21E INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
S OF INJURY			While At Not While	• —		
			Work At Work			1
22. I certif	y that (1) (this ho	spital) ottende	ed the deceased from	may	19 64 to	tan. 13 1972.
that (1) (we) last sow the de	ceased office	on law	19 7 V and 1	that In (my) (out)	opinion death occurred on the da
and hour a	nd from the cause	s stated obov	s. (1) (We) (did) (did not)	/ *	•	
23A. SIGNAT			9 4 1	new the body chief death.	-	23 L DATE SIGNED
	No.	41/1	> Mendh Atte	anding Med.	Stoff [Gan 18/-
22C BUYEIG	1100	nurr (o // Malorokee Phy	s. Director	Phys.	11/12.
23 C. PHYSIC	(Type)			23D. ADDRESS		12-010 A
N	ATHAN F	NEFD	LE DEGREE	6506- Vart	High lan	Jacoba
AA. BURIAL CI	EMATION, 248. DA	ATE 240	C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION	(City, town, or county) (State)
Burial		7-72	Loudon Park C	emetery	Baltimore,	Maryland
SA. DATE REC		258 NAA		25C. FUNERAL DIRECTO		ADDRESS
100						
	4 2 4070	0 -1				
JAN	17 1972	0 -1	Nather NEW 1			apel-4600 Liberty H

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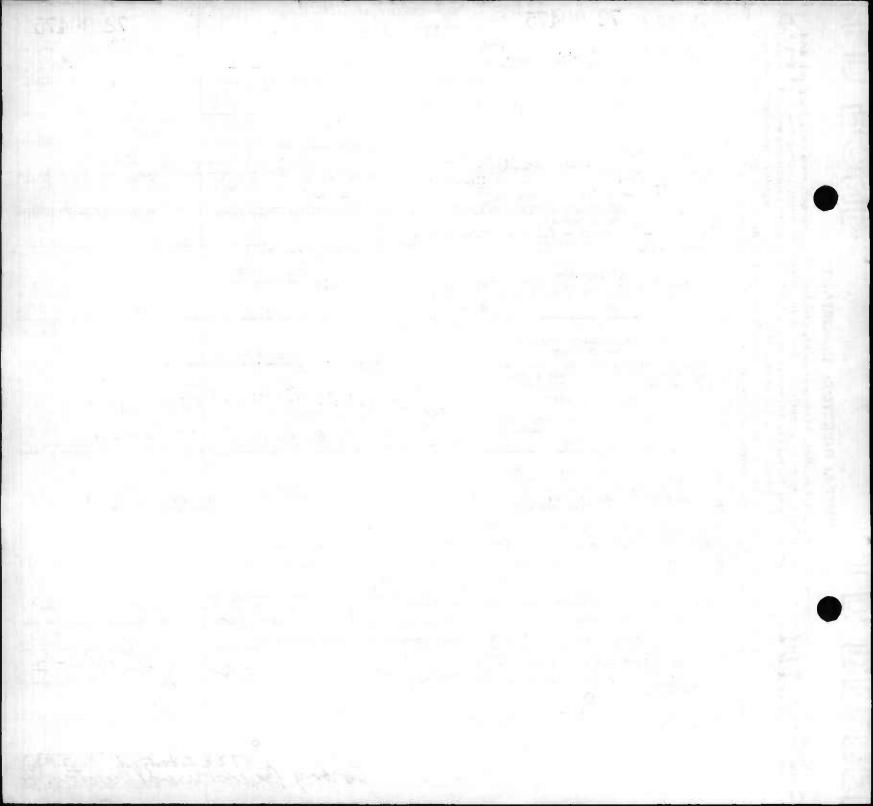
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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	RTH NO.	72 004	75	CERTIFICA			REG. NO.		72 00475
	NAME OF DECEA	David	F.	Metzbower,	Sr.		ND HOUR OF DEA	ATH	6:30 A
FL	JLL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UNCED DEAD	A STATE Marylan	B. COU	ere deceased lived. NTY	If institution: re	M.
İN	OSPITAL OR	ADDRESS OF LOCA	A HON)		Baltim	ore	D.	YES _	NO 🗌
	31	Mercy 1	Hospital	L, Inc	5804		rt Avenue	21	215
	Male	White	WIDOWED		12-30-	02	9. AGE IIn years lost birthdoyl	II Under Months	1 Yr. II Under 24 Hrs. Doys Hours Min.
da	ne during most of wor	TON (Give kind of work king life, even if refired) Lineman — B		BUSINESS OR INDUSTRY	Maryl:		reign country)		EN OF WHAT COUNTRY?
13.	FATHER'S NAME	Metzbower			14. MOTHER'S				
15. (Ye	Wes Deceased Eves, no or unknown) (If	er in U. S. Armed For yes, give war or date	s of service	16. SOCIAL SECURITY NO. 213-05-9067 A	17. INFORMAN			5001 I	ADDRESS 21215
-	No 18. 2.3.7	None None Condition bit		CAUSE OF DEAT		Lice E.	Metzbower		Ethelbert Ave. APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ATION	DISEASES OR dise in the UNDERLYING OTHER SIGNIFICA	CONDITIONS, if above cause (A) CONDITION last. II ANT CONDITION CONDITIONS CONDITION TRELATED TO THE	stating the	(B) CON AS (C) CON AS	A CONSEQUENT	CE OF:	mor, no	alen	e-
CERTIFICA		PERATION 19B CON WAS PER	DITION FOR V	VHICH OPERATION	20A. AUTOP	SY? (Yes or N	IN CERTIFYING	RE FINDINGS CAUSES OF D	CONSIDERED EATH?
CAL	21A. ACCIDENT OR CONTRIBUTED DEATH (notify me	WAS UNDERLYING CAUSE OF	218. hometc.)	PLACE OF INJURY leage, in form, factory, street, of	n or about 21 C. V fice bldg., INJUR	WHERE DID	(li in Bolt	more City, give	exact location)
MEDI	21 D. TIME (NOF INJURY IAPPROX.)	Nanthi (Day) (Year)		INJURY OCCURRED Not While At Work	• —	IOW DID IN	JURY OCCUR?	-/	
	-	at (4)(this hospital		e deceased fram	12/18	4	19 <u>7/</u> tahat In (rep) (our)	apinian deati	19.22
	23A. SIGNATURE	aglifa	ed above.	SIGNEE Phys	nding [] A	Med. Director	Stoff Phys.	23 By DATE	SIGNED 10-72
24/	A BURIAL CREMA REMOVAL (Special Burial	TION, 248, DATE		DEGREE AME of CEMETERY OF CRE			HOS	PITAL ICity, sown, ar	county) (State)
25/	JAN 17 1	1 -/ - 1 / -	972 W	oodlawn Cemet	- U	AL DIRECTO	18728Z	iberty Re	CO MA JADORESS 2/133
VS	150-REV. 1/1/68		7		100	713	yer or w	MANU L	menow, 17

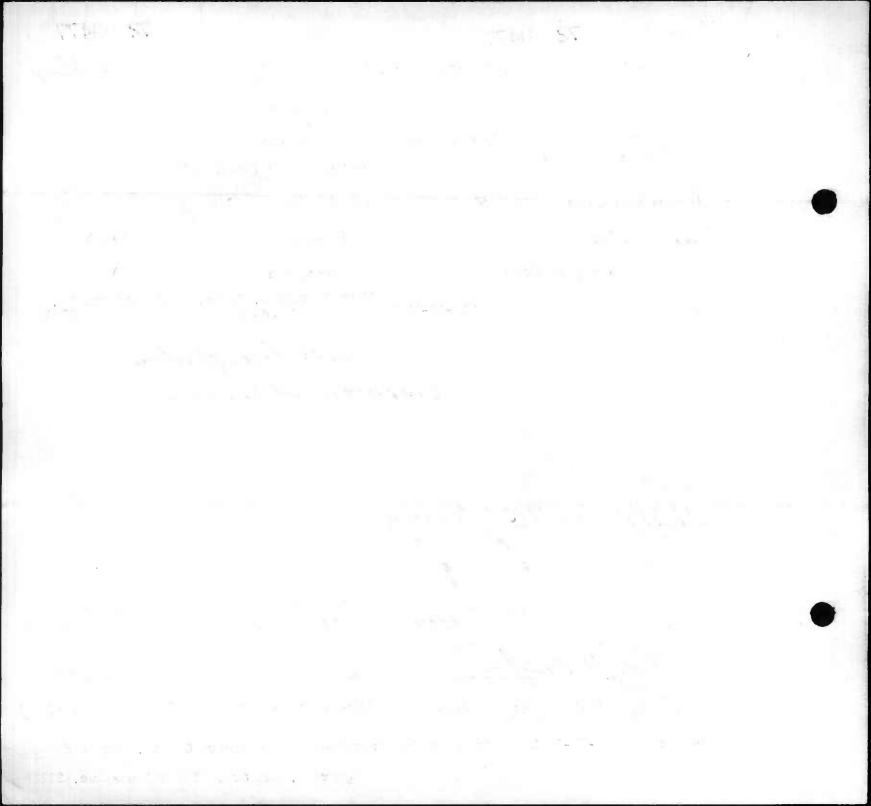


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R-52	26 72 01	0476	BALTIMORE CITY	HEALTH DEPA	RTMENT		72	00476
BIRTH NO.		0470	CERTIFICA	TE OF DE	EATH	REG. NO.		
1. NAME OF D					2. DATE AT	ND HOUR OF DEA	TH	
	LEO		BUENGER		Janua			
	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	& COUN	re deceased lived. I	institution: r	residence before admiss
FULL NAME OF HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryla				23 80
INSTITUTION				Morrell		D. 11	VES X	
40	St. Agnes Ho			E. STREET AND	NUMBER		152 1	NO 📗
5. SEX	Wilkens & Ca			2001 Le		venue	21230	
Male	6. RACE White		NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years lost birthday)	If Unde Months	Doys Hours Min
	CUPATION (Give kind of work	WIDOWED	DIVORCED DIVORCED	12-1-19(01	70		
done during most	at working the, even it teitted)		TOURIST ON HIDOGIN	I I BIKINILACE	(21016 of 1016	ign country)	12. CITI	ZEN OF WHAT COUN
13. FATHER'S N				Mary 18		45	U.	S.A.
	Henry Bueng	er		Anı				
5. Wos Deceos	ad Ever in 11 S Amed En	2	1 6- SOCIAL	17. INFORMANT	(let (Unknown))	ADDRESS
None	(If yes, give wor or dote	s of service)	219-05-9456		. 1			2123
18. // /	101		CAUSE OF DEATI	MITS. Will	nelmina	S. Buenge	r, 200	1 Letitia A
rise la l	ANTECEDENT CAUSES OR CONDITIONS, if a chave cause (A) NG CONDITION last.	any, giving stating the	(c)	A CONSEQUENCE	OF:	1 cens		
TO THE DEA	IFICANT CONDITIONS CON ATH BUT NOT RELATED TO TH CONDITION GIVEN IN PART OF OPERATION 1198 CONT	E TERMINAL	************************	******************************				
	ENT WAS UNDERLYING	ORMED	VHICH OPERATION		P	IN CERTIFYING C		
OR CONTRIE	BUTINO CAUSE OF	hom etc.)	PLACE OF INJURY (e.g., in e, farm, foctory, street, off	ice bidg., INJURY	OCCUR?	(If In Boltim	ore City, give	e exoct location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) IYeori		INJURY OCCURRED Not While At Work		THI DID W	JRY OCCUR?		
22. I certify	y that (I) (this hospital)	attended th		- //-	1	970 to m	1974 - 1	17, 1970
) lost saw the deceased			1970				h accurred on the de
ond haur or	nd fram the causes state	d abave (1)	(We) (did) (did nat) vi		er death.	, , , , , , , ,		
23A. SIGNAT	muracon		7	ding Me	d. []	Shoff D	23B, DATI	14-72
23C. PHYSICI NAME (AN'S (Type) Nureddir	Erk	Degree 2	7811 Libe] / -/	
4A. BURIAL CRI	EMATION, 248, DATE		ME el CEMETERY of CREA				more, M	
Burial	1-17-19		en Haven Cemet					
SA. DAYAN	17 1972 DEPT OF	258 NAME O		25C. FUNERAL	DISECTOR	nsurnie, A	nne Aru	andel Co., Mo ADDRESS ns Ave. 2122
'S 150-REV. 1/1	/68			d monarat	Her RUD	Jaia, 410/	witker	is Ave. ZIZZ

3,20,002/ The state of the s

-		ORE CITY	HEALTH DEPARTMENT	
BII	S-6/2 72 00477 CERT	IFICA	TE OF DEATH	No. 72 00477
(Ту	TPE OF PRINT NATALA ANNA GER	VAS	2 DATE AND HOUR OF	DEATH 2 4 35
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceased li	ved. If institution: residence before admission)
FU H	JLL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE ST OSMTAL OR ADDRESS OR LOCATION)	REET	MARYLAND	D. INSIDE CITY LIMITS?
2	MARYLAND GENERAL HOSPITA	10	BACTIMORE	YES Y NO
3	827 LINDEN AVE.		E. STREET AND NUMBER	
			4901 STAFFORD	ST.
5. 5	SEX 6. RACE 7. MARRIED NEVER MAR	RIED	8. DATE OF BIRTH 9. AGE (In ye	ors If Under 1 Yr. Il Under 24 Hrs. Months! Days Hours Min.
		CED	12.25.91 00	, and the state of
don	LUSUAL OCCUPATION (Givs kind of work 10B, KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	House wife		ITALI	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Anthony Di Prima		Josephine	(Unknown)
5. Y	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL Security N		17. INFORMANT	
	210 10	7373	17. INFORMANT Miss Theresa A. Longo	, 4901 Stafford St.
_		OF DEATH	P+>1 CHART	21229 I APPROXIMATE INTERVAL
	3/1:/			RETWEEN ONSET AND DEATH
	LEADING TO DEATH	DIATE C	SE QUETE lives of CONSEQUENCE OF: 40515 of THE	Solom
	(A) MME! (A) MME! (A) IMME! (A) IMME! (B) DUE T	O, OR AS	A CONSEQUENCE OF:	with the second
	heart failure, osthenia, etc. Il means the diseose, injury or camplication which coused death.)	100	Maria of Fire	11.2
				IVER.
	DISEASES OR CONDITIONS, II any, giving (B) DUE T	O, OR AS	A CONSEQUENCE OF:	***************************************
	The to the coove couse (A) stating the			
	ONDERLING CONDITION last. (C)			
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
Ē١	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		*******************************	
CERTIFICA	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	ИС	20A. AUTOPSY? (Yes or No.) 20B, IF YES, IN CERTIFY	WERE FINDINGS CONSIDERED
E E	11/3/12 aute Choley	かん		NG CAUSES OF DEATH?
		RY (e.g., in	or about 21 C. WHERE DID (II In ice bldg., INJURY OCCUR?	Ballimare City, give exact facation)
3	DEATH (notify medical examined elc.)		and the same of th	
MEDICAL	21D-TIME (Month) (Day) (Year (Hour) 21E INJURY OCCUP		21F. HOW DID INJURY OCCUR?	
Σ	(APPROY) White At	Not White	п	
	22. I certify that (i) (this hospital) attended the deceased fr	*** *****		1/14/22 10
	that (I) (we) last saw the deceased alive on		10.7.2 19 ta_	
- 1			19.22and that In(my) (o	ur) opinion death occurred on the date
	and hour and fram the causes stated above. (1) (We) (did) (di	d nat) vi	ew the bady after death.	
	X / 141-	Atten	ding Med. Staff	23B, DATE SIGNED
	OEC BUYES AND OEC	OREL	Director L Phys. L	1/14/72
	23C. PHYSICIAN'S NAME (Type)	23	3D. ADDRESS	
1	E. G. DKI ISAS M.D	DEGREE	1211 F. NORTHERN	1 Leny 21239
	REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETES	LY of CREA	MATORY 24D. LOCATION	(City, tawn, or county) (State)
En	tombment 1-17-1972 Dulaney Val	lley N	Mausoleum Baltimore	County, Maryland
25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	74.	25C. FUNERAL DIRECTOR	ADDRESS
U	HILL MARCHE E NORTH NEST ()		Howard H. Hubbard, 4	107 Wilkens Ave. 21229
S 1	150-REV. 1/1/68			

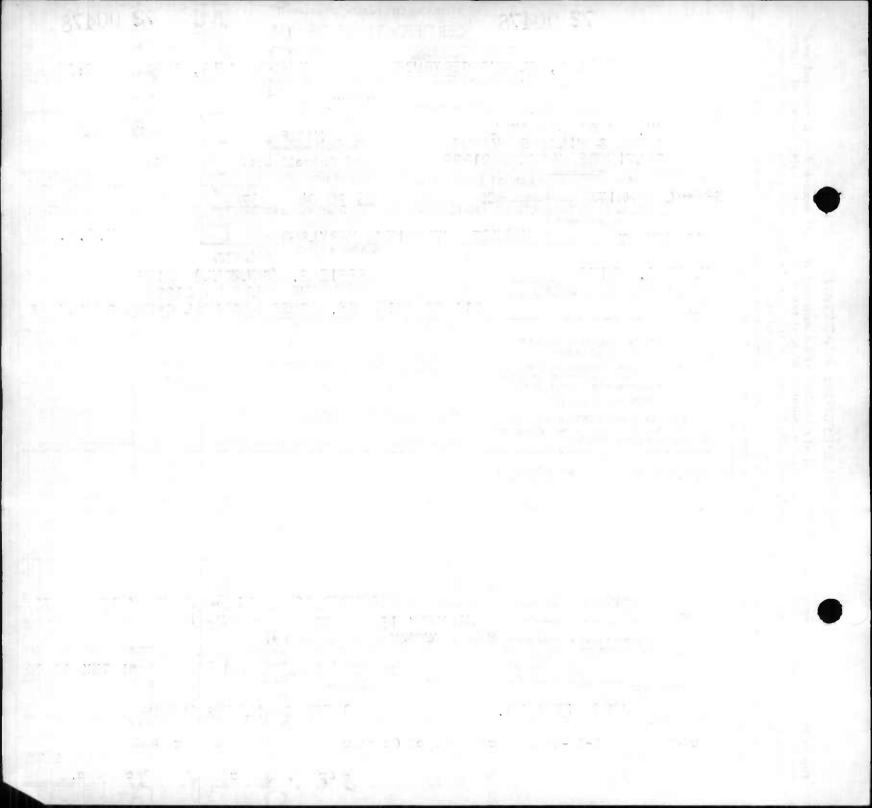


1	I
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 72 00478 72 00478 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MORRIS, GLADYS GERTRUDE MJANUARY 13 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? AGNES HOSPITAL YES X NO BALTIMORE CATON & WILKENS AVENUE E. STREET AND NUMBER BALTIMORE MARYLAND 901 Calwell Road 21229 If Under 24 Hrs. Hours : Min. 9. AGE (In years last birthday) 5. SEX & DATE OF BIRTH H Under 1 Ya if Und Months: Days Hours 6. RACE · MARRIED NEVER MARRIED REFEMALE WHITE WIDOWED DIVORCED ICA USUAL OCCUPATION (GIVE kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE ISlate at foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if refired) MARKET AUTHORITY U.S.A. MARYLAND ACC QUNTANT 14. MOTHER'S MAIDEN NAME COLWELL 13. FATHER'S NAME ELMER S. WHITE EFFIE XXXXXXXXX WHITE 17. INFORMANT VE ADDRESS 5. Was Deceased Ever in U. S. Armed Forces & SOCIAL (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO. 213 09 881 No ST. AGNE HOSPITAL CATON & WILKENS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY plan LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dylag, e.g., heart faiture, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes at No) 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Baltimare City, give exact location) DEATH Inotify medical examined OF INJURY 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Manth) (Day) (Year) (House Not While While At (APPROX) Wark At Work DECEMBER 22 IAMIIARV 22. I certify that XIX(this hospital) attended the deceased fram that (1) (we) last saw the deceased alive on <u>IANIJARY 13 19 72 and that in (XVII</u> (aur) apinion death occurred an the date and hour and from the causes stated above. (1) (We) (did) Xd/d/x/1/x view the body ofter death. 23A. SIGNATURE 238, DATE SIGNED Attending [Phys. XXX Director Phys. NAME (Type) 23D. ADDRESS JOSE APTER WILKENS DEGREE 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE (State) REMOVAL (Specify) Burial 1-15-1972 Morgan Chapel Cemetery Woodbine, Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 21229

Howard H: Hubbard, 4107 Wilkens Ave.



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BIRT	1-6.	32 200	4/9	CERTIFICA	TE OF DEATH	REG. NO	72 00479
	AME OF DEC	Sewards, Mark	E. S	Sr.		AND HOUR OF DEATH	12:05 a.
3. P	LACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution; residence before admission
HO:	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland	Baltimore	5300
-	Bal	timore City H	ospital	s	C. CITY OR TOWN Dune	dalk D. IN	SIDE CITY LIMITS?
5	494	O Eastern Ave	nue		E. STREET AND NUMBER		YES NO A
		timore, Maryl	and 212	24	232 St. Hele	ena Avenue	21222
5. SE	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Tr. , II Under 24 Hrs.
	ale	Caucasian	WIDOWED	DIVORCED	9/1/20	lost bighdoyl	Months Doys Hours Min.
One	during most of	UPATION (Give kind of worl working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
		perator Beth]	ehem St	eel	West Virgin	nia	U.S.A.
3. F.	ATHER'S NA	ME			14. MOTHER'S MAIDEN N		0,0,1,
		Henry Sowards			Pearl	Harrison	
es,	os Deceased	Ever in U. S. Armed For	cos?	16. SOCIAL	17. INFORMANT		A ADDRESS
N		7 5 5 61 0016	- 01 301106/	\$ECURITY NO. 407-12-1001	BCH-Records		tern Avenue
1	8. /80	7 / 1		CAUSE OF DEATH		Baltimore	Maryland 21224
	DISEAS	E OR CONDITION DI	RECTLY		0	_	BETWEEN ONSET AND DEATH
1		LEADING TO DEATH		(A) IMMEDIATE CAU	GE Merimon	ea	3 Lora
	heori tailure,	al mean the made of asthenia, etc. It means	the disease	DUE TO, OR AS	CONSEQUENCE OF:		20-70.
l	ulnth of com	plication which caused	death.)	20 + 0	T +	1 0	
		INTECEDENT CAUSES		(B) 1/12/024	ofer lune 10	Lung Don	er et 5 months
1	DISEASES O	R CONDITIONS, if above cause (A)	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	11	
l	JNDERLYING	CONDITION last.	stutting the	(c) Kenal	. Cell Car	unoma.	Smonths
. [11			7		
: 11/	O THE DEATH	CANT CONDITIONS CON H BUT NOT RELATED TO TH DINDITION GIVEN IN PART	IE TERMINAL AL	Congey	rie Heart F	orfore, pri	ld month.
119	A-DATE OF	OPERATION 198. CONI WAS PERF	DITION FOR V	VHICH OPERATION	20A. AUTOPST? (Tes or h	10 208 IF YES WERE	FINDINGS CONSIDERED USES OF DEATH?
2	A ACCIDEN	T WAS UNDERLTING	218,	PLACE OF INJURY (e.g., in	Yes		TES
. 10	K CONTRIBU	TING CAUSE OF medical examiner	home elc.)	e, form, factory, street, offi	ce bldg. INJURY OCCUR?	ur in bollimo:	re City, give exoct location)
21	D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	216 HOW 515 W	IIIIav o garres	
: 10	F INJURY		Whil	e At Not While	21F. HOW DID IN	JUKT OCCUR?	
		4 . 413 / . 1	Worl	At Work			4.21
12.	c. I certify t	that (1) (this hospital)	attended th	e deceased from	1/16	19 /to/	13 19 11
11	101 (17 (we)	last saw the deceased	i alive on	1112/72	ond t	hat in (my) (our) api	nian death occurred an the date
33	nd hour and	from the causes state	ed abave. (4)	-(We) (did) (did no t) vi	ew the body ofter death.		
23	A.SIGNATUR		40	A			23B. DATE SIGNED
22	NAUNO		h.P.	Alten Phys.	ding Med. Director	Staff Phys.	Jan 19,1572
23	NAME (Ty	pe)	W 5	23	D. ADDRESS Baltim	ore City Hos	
A -		illiam P Hunt		DEGREE	4940 Eastern A		7 0
_ '	KEWIO A ME (2)	AATION, 248. DATE		ME of CEMETERT OF CREA	MATORT 24D. I	LOCATION (Ci	ty, town, or county! (Stotel
	ırial	1/17/72		Air Memorial	Gardens	Bel	Air, Maryland
A. [TATE REC'D		SB. NAME O	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
6	AN 17	1972 Vale 8	Ja Re	A B	Ophre J. Dudi	a, 7922 Wis	e Ave. Dundalk, Md.
150	0-REV. 1/1/61						, 0100

Cr. 201 27 OF MARINE CART WARREN Service Bridge Original Milest for laws to harry lives a " " The Still Wag

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	751 72	00480		HEALTH DEPARTMENT	1	
1	TH NO.			TE OF DEATH	REG. NO	72 00480
	pe or Print)	COMPTE	MARIE	2. DATE	N. 13, 197	2 2:50 P.M.
3.	PLACE IN BALTIMORE, MARYLA	ND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE IW A. STATE B. COL	here deceased lived. If in	stitution; residence belore admission)
FU HC IN	ILL NAME OF STITUTION IIF NOT IN ADDRESS O	HOSPITAL OR INST	TUTION, GIVE STREET	C. CITY OR TOWN Dun	BALTIMORE DINS	DE CITY LIMITS?
6	to SINAI HO	SPITAL		E. STREET AND NUMBER		YES NO A
5.	SEX 6. RACE	17	generally.		WOODWELL	
	Female Car	MARRIE	DIVORCED	8. DATE OF BIRTH 7/14/96	9. AGE (In years lost birthdoy) 75	11 Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind e during most of working lile, even it Housewife	of work 10B, KIND (OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	oreign country!	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
		Benoit			Not Known	
(Te	Was Deceased Ever in U. S. Am s,no or unknown! (II yes, give wor NO	ned Forces? or dotes of service!	16. SOCIAL SECURITY NO. 218-09-7518	17. INFORMANT Mrs. Mazie S:		odwell'Prosid dalk, Md. 21222
	DISEASE OR CONDITION LEADING TO D (This does not mean the month heart failure, asthenia, etc., it injury or complication which or	EATH de of dying, e.g means the diseas	(A) IMMEDIATE CAU	ENTRICULAR =	FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CA	AUSES	ARTERIO	SCHEROTIC CAR	COIOVASCULAR	DISTANE
	DISEASES OR CONDITIONS rise to the above cause UNDERLYING CONDITION to	(A) slaling th	е	A CONSEQUENCE OF:	************************	***************************************
	ll .		(c)			
ERTIFICATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	D TO THE TERMINAL	DITIET	ES MELLITU	S	
ERTIFIC	19A-DATE OF OPERATION 19E	CONDITION FOR	WHICH OPERATION	NO NO	No) 208, IF TES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
CALC	21 A ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE C DEATH (notify medical examined))F ho	B. PLACE OF INJURY (e.g., in me, form, foctory, street, offi c.)	or about 21C. WHERE DID	(If in Baltimare	City, give exact location)
MEDI	21D. TIME IMonth! IDay) OF INJURY (APPROX.)	w	E INJURT OCCURRED (hile At Not While ork Al Work	21F. HOW DID IN	JURT OCCUR?	
	22. I certify that UF (this ho that UF (we) last saw the de		7 - 1	1972 and	19 <u>+1</u> to <u>JA</u>	N: 13 19 72
	and hour and fram the cause				The integral (don't opin	non death accurred on the date
	23A. SIGNATURE	C. dejo			Shaff Phys.	Jan 13, 1972
	23C.PHYSICIAN'S NAME ITYPO A RMAND		DEGREE	SD. ADDRESS Sinai	11 11 0	21:
-	BURIAL CREMATION, 248. DA	- 1	IAME of CEMETERT of CREA			imore, Maryland
25A	AN 1 7 1972		QE REGISTRAR	25C. FUNERAL DIRECTO	26	ADDRESS Ave. Dundalk, Md.

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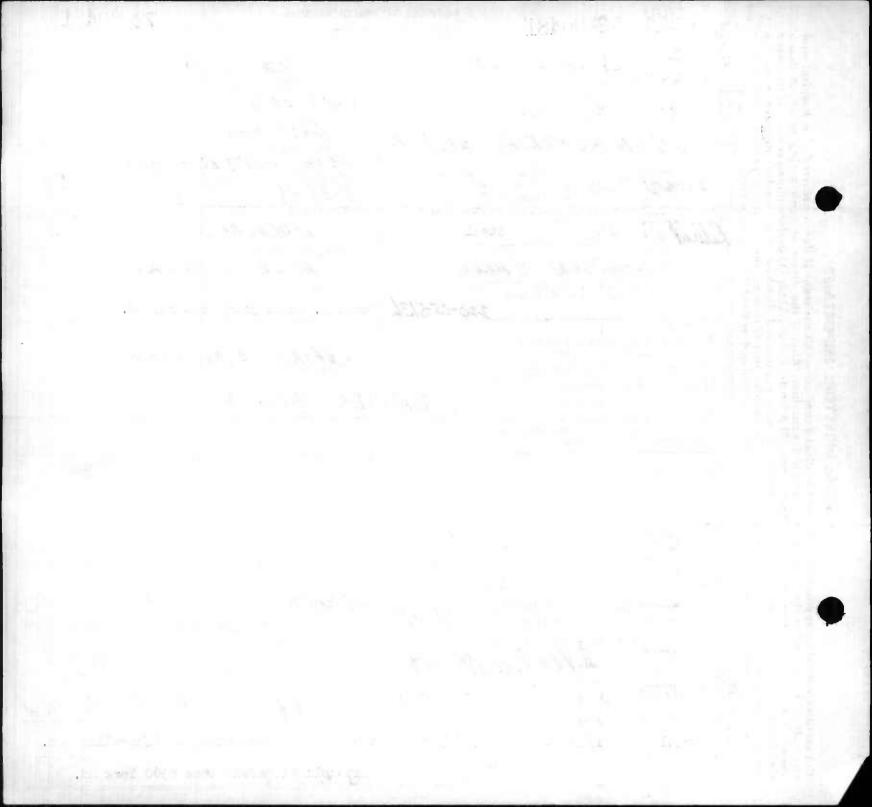
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FUNERAL DIRECTOR: IMPORTANT

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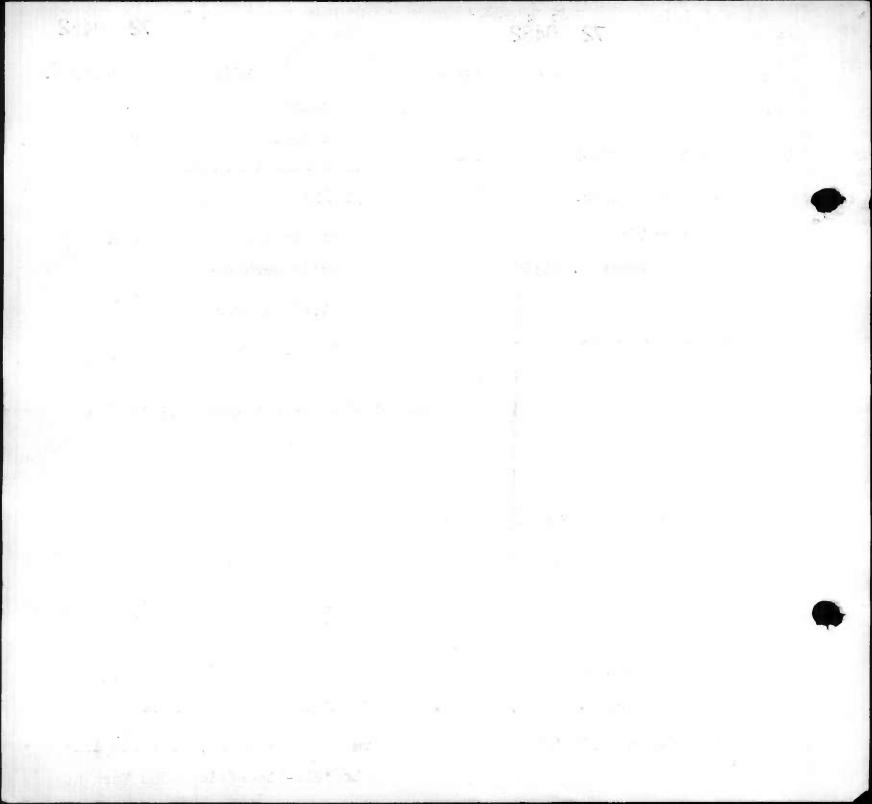
-	D - 13 WG - 13	BALTIMORE CITY	BALTIMORE CITY HEALTH DEPARTMENT 72 00481				
В	K-520 72 00481	CERTIFICA	TE OF DEATH	REG. NO	72 UU401		
	The or Printle ALICE RU	2, DATE AN	HOUR OF DEATH	5:45 AM			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il ins	stitution: residence before admissionl		
H	CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN,	O INCH	DE CITY LIMITS? 903		
1	UNION MEMORI	M GALRITH	BAZTIA	NRE	YES NO		
	0101010 140000	40 W0311.20	E. STREET AND NUMBER 3606 MO	NIELEY	KARD A PT. E		
	PENE WATE WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	0-2018	ost birthday) 53	If Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.		
do	USUAL OCCUPATION (Give kind of work 10 B, KIP of during met of working life, even it retired)				12. CITIZEN OF WHAT COUNTRY?		
6	Steel Steel		MALY	LAND	VSA.		
13.			14. MOTHER'S MAIDEN NAM				
	THOMPSON O'MARA		MICE	F. Men	becy		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (II yes, give war or dates of ser	vicel 16. SOCIAL SECURITY NO.	James T. Runge	3606 Monter	ADDRESS		
1	18. 2 5 0 9 1	CAUSE OF DEATH		Jood Hollcel	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH		
	LEADING TO DEATH						
1	(This does not mean the mode of dying, heart failure, asthenia, etc. it means the dis	ease, DUE TO, OR AS	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES DIAN ETES MELLITUS TOTAL ETES MELLITUS						
	DISEASES OR CONDITIONS, if eny,	(B) (B) (B) (B) (B) (B) (B) (B) (B) (B)	A CONSEQUENCE OF:	-//0-	*************************************		
	rise to the above cause (A) stating		A GONSEGUENCE ON				
	UNDERLYING CONDITION last,	(c)			***************************************		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING					
₩	TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL					
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?			
CAL	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B PLACE OF INJURY (e.g., in home, farm, lactory, street, off etc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exect location)		
MEDI	21D-TIME (Month) (Doy) (Year) (Houd OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
3	(APPROX)	While At Not While At Work			1 1		
	22. 1 certify that (1) (this hospital) attended the deceased from / /2/30/1/ 19 ta ////// 19						
	that (1) (we) last saw the deceased alive an //0/7/ 19 ond that in(my) (our) opinion death accurred on the date						
	and hour and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.						
	23A. SIGNATURE AMENDING WE AMENDING Med. Director Phys. 238, DATE SIGNED 1 1 1 1 1 1 1 1 1						
	23C. PHYSICIAN'S NAME (Type) A SET BUSTO. M.D. 23D. ADDRESS UNION MEMOLIM LOSI						
24/	REMOVAL (Specify)	C.NAME OF CEMETERY OF CRE			, lown, or county) (State)		
	Burial 1/14/72	Druid Ridge Ceme	etery Rei	stertown Rd	Pikesville Md.		
25/	JAN 17 1972 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MITCHELL Wiedefeld Home 6500 York Rd.						
VS	150-REV. 1/1/68						



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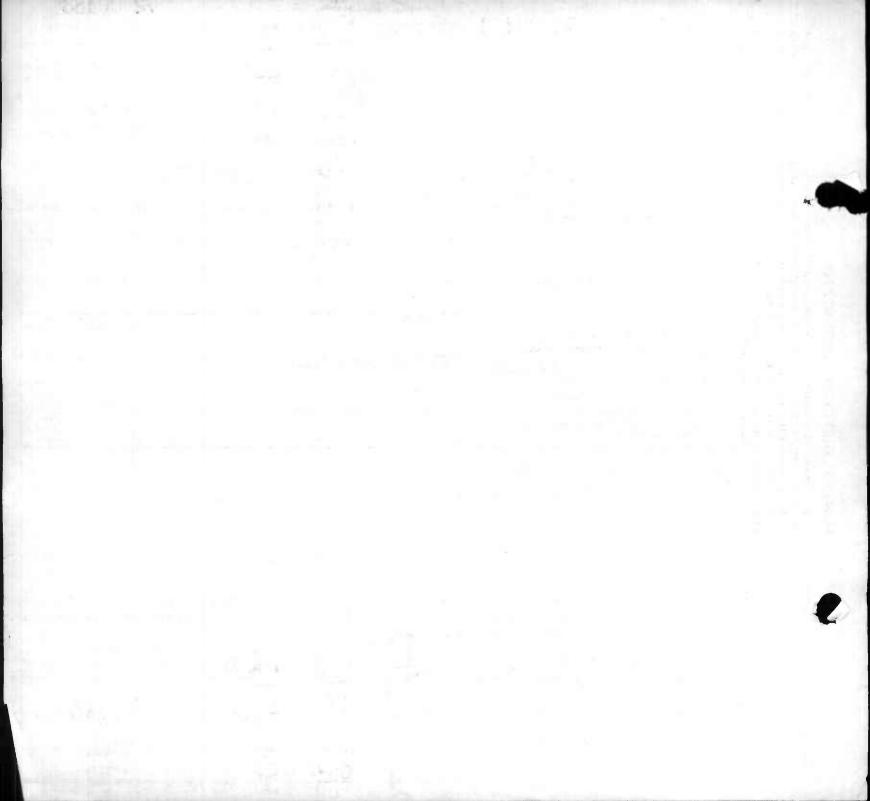
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pproved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contribution of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined any nature; the physician who pronounced death was in regular; and (6) No physician was in regular attendance on the deceased prisobtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, such deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	-
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1-400	70 00	1400		HEALTH DEPARTMENT		72 00482	
BIRTH NO.	72 00	7482	CERTIFICA	TE OF DEATH	REG. NO.	LE COHOLE	
1. NAME OF DEC					AND HOUR OF DEATH		
3. PLACE IN BALL	LILLY, Betty Jo PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			1	/12/72	10:25 p. N	
		VITERE PRONO	ONCED DEAD	A. STATE B. CO	UNTY	nstitution: residence before admission)	
FULL NAME OF HOSPITAL OR	The Johns Hopkins Hospital			Maryland		01674	
NOITUTITON				C. CITY OR TOWN		IDE CITY LIMITS?	
22				Baltimore		YES X NO	
				5902 Frankfort Avenue			
5. SEX Female	Cauc.	WIDOWED		9/30/30	9. AGE (In years last birthday) 41	If Under 1 Yr. If Under 24 His. Manths Doys Haurs Min.	
done during most of w	PATION (Give kind of work varking life, even if refired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign cauntry)	12. CITIZEN OF WHAT COUNTRY	
Housew				West Virg	inia	USA	
13. FATHER'S NAM	A E	<u> </u>		14. MOTHER'S MAIDEN N		USA	
E	rnest L. L	illy		Della B	uckland		
15. Was Deceased	Ever in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT		ADDRESS	
(Yes, na at unknown)	lif yes, give war or date	s of service)	SECURITY NO.			ADDRESS	
130 / 5-1				Hospital R	ecords		
18. 7 4	X		CAUSE OF DEAT	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	E OR CONDITION DI	RECTLY		0		yone	
(This does no	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE Reservoiry Covers DUE TO, OR AS A CONSEQUENCE OF:						
heart failure, a	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CANCEL						
	DISEASES OR CONDITIONS, if any, giving (B) Metastatic (a 3 Molignent effusion 1 yr DUE TO, OR AS A CONSEQUENCE OF:						
rise to the	above cause (A)	stating the	DUE TO, OR AS	A CONSEQUENCE OF:	1	~ .5	
UNDERLYING	CONDITION lost.		(c) man	uve Ca of	Vieast	18mo.	
E TO THE DEATH	CANT CONDITIONS CO	HE TERMINAL					
O ISEASE OR CO	DISEASE OR CONDITION GIVEN IN PART 1 (A).						
1 / -	WAS REFFORMED IN CERTIFIING CAUSES OF DEATH?						
U 21A. A CCIDEN	21A. ACCIDENT WAS UNDERLYING [21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID II In Buildings City also avoid beginning						
O DEATH (notify	medical examined	hom etc.	ie, farm, factory, street, of	ice bldg., INJURY OCCUR?	hi in pointiff	e City, give exact lacotion)	
OF INJURY	(Manth) (Day) (Year)	100	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
< (APPROX.)		Whi	ile At Nat While	' 🗆			
22. I certify t	TION CONTROL OF						
	22. I certify that (1) (this hospital) attended the deceased from 1/2 19 72 that (1) (we) last saw the deceased alive on 1/2 19 72 and that In(my) (aur) apinian death accurred an the date						
						mun death accurred an the dale	
	and have and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.						
	Alobes		MD Affer	iding Med.	Shaff	23B, DATE SIGNED	
23C, PHYSICIAN			DEGREE Phys.	Director L	Staff Phys.	1/12/72	
23C. PHYSICIAN NAME (Ty	Jean F. Ho	bbs,	MD.	The Johns F	Hopkins Hos	pital	
24A. BURIAL CREM REMOVAL (Sn	ATION, 248, DATE	24C.NA	ME of CEMETERY of CRE	MATORY 24D.	LOCATION (Cit	ly, town, ar county) (State)	
Entombme	- 0 - 0 -	2 St	ınset Mausol	eim		st Virginia	
JAN 17			E REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS	
VS 150-REV. 1/1/68				PINT CHELL-M	redererq 6	500 York Rd	
2.0							



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be upproved by the chief medical examiner or his assistant if deats accurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

2		HEALTH DEPARTMENT	74	2 00483
BIRTH NO. 72 00	483 CERTIFICA	TE OF DEATH	REG. NO.	
I. NAME OF DECEASED		2. DATE AND HOL	UR OF DEATH	
(Type or Print) MARY RUE	FIN	1, 14,	72.	1 4:00 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		1, 14,	ased lived. If institutions	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	STATE STATE		302
INSTITUTION		C. CITY OR TOWN	D. INSIDE CITY	
CHURCH HOME	HOSPITAL.	E. STREET AND NUMBER	YES	■ NO □
BALTIMO	RE	924 E.BALTI 8. DATE OF BIRTH 9. AGE 12. 11. 34	MORE ST.	2/202
S. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE	Un years If Une	ter 1 Yr. Il Under 24 Hrs.
	OWED DIVORCED	12. 11. 34 lost bir	36 Month	Doys Hours Min.
IOA. USUAL OCCUPATION (GIVE LINE of work 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State at foreign cou		TIZEN OF WHAT COUNTRY
dane during most of working life, even if refired)	Unknown	1 premoi	in.	inknown.
3. FATHER'S NAME	0010100000	14. MOTHER'S MAIDEN NAME		manus.
		1 /		
unknown		Unho	wn.	
5. Was Decessed Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give war or dates of se	mice) 6. SOCIAL SECURITY NO.	W INFORMANT		ADDRESS
	911-19-6945	Hospital Char	t.	
18.671.01	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			=	BETWEEN CHOSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Crishosis of A CONSEQUENCE OF:	Liver	Un Known
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	DUE TO, OR AS	A CONSEQUENCE OF:	- of with edulation conditions are assured	
injury or complication which caused death.				
ANTECEDENT CAUSES	CP	10-00-6	2.2	11.0
	(8) V8 (A CONSEQUENCE OF:	ism.	rong
DISEASES OR CONDITIONS, If any, ise to the above cause (A) stating	giving DUE 10, OK AS	A CONSEQUENCE OF		standing
UNDERLYING CONDITION last.	(c)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OF CONDITION GIVEN IN PART 1 (A).	INAL			
19A. DATE OF OPERATION 19E CONDITION WAS PERFORME	FOR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B.	IF YES, WERE FINDING	S CONSIDERED
19A DATE OF OPERATION 19E CONDITION WAS PERFORMED		IN C	CERTIFYING CAUSES OF	DEATH?
O 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY le.g.	or about 21 C. WHERE DID	(If In Boltimore City, g	Ive exact lecation)
DEATH (notify medical examined)	home, farm, factory, street, of	ice bidg. INJURY OCCUR		
21D-TIME (Month) (Day) (Year) IHaud	21E INJURY OCCURRED	21F. HOW DID INJURY O	CCUR	
2 OF INJURE	While At Not While Work At Work		OOD II.	
(APPROX)	Work At Work			
22. I certify that (i) (this hospital) atten	ded the deceased from	01.01. 1979	10 /	14. 1972
that (1) (we) last saw the deceased allv	~ 11	19 7) and that In (,	
			my/ (out) obtation de	ath occurred on the dot
and hour and from the causes stoted abo	ove. (1) (We) (did) (did not) v	lew the bady after death.		
23A. SIGNATURE	\supset		238, D/	ATE SIGNED
Solbal X	Oh.	nding Med. Staff Phys.	रा ।	1 14.70
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	7	1 / 2
23C. PHYSICIAN'S NAME (Type)				
SATPAL SIN	1 to U [77]	CHURCH H	OME X B	ESPITAI
4A. SURIAL CREMATION, 24B. DATE REMOVAL (Specify)	OF GREE	THE TRANSPORT TO A TE	10 01 10 10	ALL I RIBE
	DEGREE OF CEMETERY OF CRE	AND TO SEE TO DO L'E	TICHTON	o chymel (State)
1-17-77	DEGREE	AND TO SEE TO DO L'E	D OFICMIA	o cynfl (State)
1-11-12	DEGREE 24C. NAME OF CEMETERY OF CRE	AND TO SEE TO DO L'E	DO OFICHIAL	(State)
1-11-12	DEGREE	AND TO SEE TO DO L'E	EDICAL SC	(State)
1-11-12	DEGREE 24C. NAME OF CEMETERY OF CRE	AND TO SEE TO DO L'E	OD OF MAR EDICAL SC SERVICE	MODELESS RCHD
1-11-12	DEGREE 24C. NAME OF CEMETERY OF CRE	AND TO SEE TO DO L'E	EDICAL SC SERVICE	FOOLAGES BCHD



72 00484 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 00484 BIRTH NO. 1. NAME OF DECEASED 2. DATE OF DEATH Known XX Month Day Year Hour Estimated 72 Thelma Meseke 13 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Haur Year 7:10 p_M PRONOUNCED DEAD FULL NAME OF HOSPITAL (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 13 1 72

OK	43 So	. Balto. Gen	eral	5. USUAL A. STATE Md.	RESIDENCE (Where dece	B. COUNTY	residence before admission)
6.	SEX 7. RAC	E 8. MAR	RIED E NEVER MARRIED	C. CITY	OR TOWN	D. INSIDE CI	TY LIMITS?
	female	White wido	WED DIVORCED	Ва	ilto.	YE	s No 🛚
	c 13,1912	10. AGE (In years lost birthdoy) 59	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREE	612 Washbourn	ie Avenue	
11.	Balto Id.	oreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHI	er's NAME uther H. Sande	ers	
14A don	USUAL OCCUPATION e during mast of working li	A second	te Roads	Margo	ret Meyers		
16. (Ye:	WAS DECEASED EVER s, no ar unknawn) (II yes, {	IN U.S. ARMED FORC	17. SOCIAL 21 SECURITY NO79	18. INFO	rmant in L Meseke 61	2 Washburn	
	19. E 953	X	CAUSE OF DEA	тн			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CO	ONDITION DIRECTLY		Har	ging		
		G TO DEATH	(A)IMMEDIATE C	AUSE			
	heart failure, asthenic	the made of dying, e.g. p, etc. It means the disease which caused death.)	DUE TO, OR A	AS A CONS	EQUENCE OF:		
Z	DISEASES OR CON	ENT CAUSES DITIONS, IF ANY, GIVIN CAUSE (A) STATING TH NDITION LAST.		AS A CON	SEQUENCE OF:		
음		II					
CERTIFICATION	TO THE DEATH BUT	CONDITIONS CONTRIB NOT RELATED TO THE TER ION GIVEN IN PART 1 (A	MINAL		+ 0 m m + + + + m + m + m + m + m + + + 0 + 0		
	20 A. DATE OF OPERA	TION 20B. CONDITION	N FOR WHICH OPERATION W	AS PERFO	RMED		21. AUTOPSY? (Yes or No)
MEDICAL	22A. EXTERNAL CA UNDERLYING ☐ OR C UTING ☐ CAUSE OF	ONTRIB-	22B. PLACE OF INJURY (e.g., hame, larm, factory, street, offic HOME	in ar abou e bldg., etc.	22C. WHERE DID (II in 8 INJURY OCCUR?	Baltimare City, give exa ent = 612 W	ashbourne Are
Σ	OF INJURY 7		ur) 22E. INJURY OCCURRED		22F. HOW DID INJURY	OCCUR?	ashbourne Ave.
	(APPROX.)	13 72	un WHILE AT NOT AT W	WHILE XXX	Subject ha	nged hersel	f.
	23. I certify the	I held on Inquiry	Inspection Au	topsy 🗌	ond that on this b	asis, deoth in my	opinion
	resulted from	n: Notural couses	Accident Suicid	le XX	HomicIde Unde	termined monner	
		71	11017		CHIEF MEDICAL EXAM	INER	DATE SIGNED
	ACTUAL SIGNATURE	SUY	WVULL MD	AS	SISTANT MEDICAL EXAM	INER XX	
	EXAMINER'S NAME (Type)	Peter Lipko			SOCIATE MEDICAL EXAM	INER	1/14/72
RE	A. BURIAL CREMATION MOVAL (Specify) Burial	24B. DATE 1/17/72	(edar Hill (e	or CREMA		rie Hyway B	alto 21225
25.	A. DATE REC'D BY HEA	LTH DEPT. 258.	NAME OF REGISTRAR		FUNERAL DIRECTOR	0 0	DDRESS
	JAN 17 1		Faiber, M.D.	M	Cully Funera	L Home 237	Patapsco Ave
VS	151-REV. 1/1/68	NYY	1720	U	ग ० ड	7	V

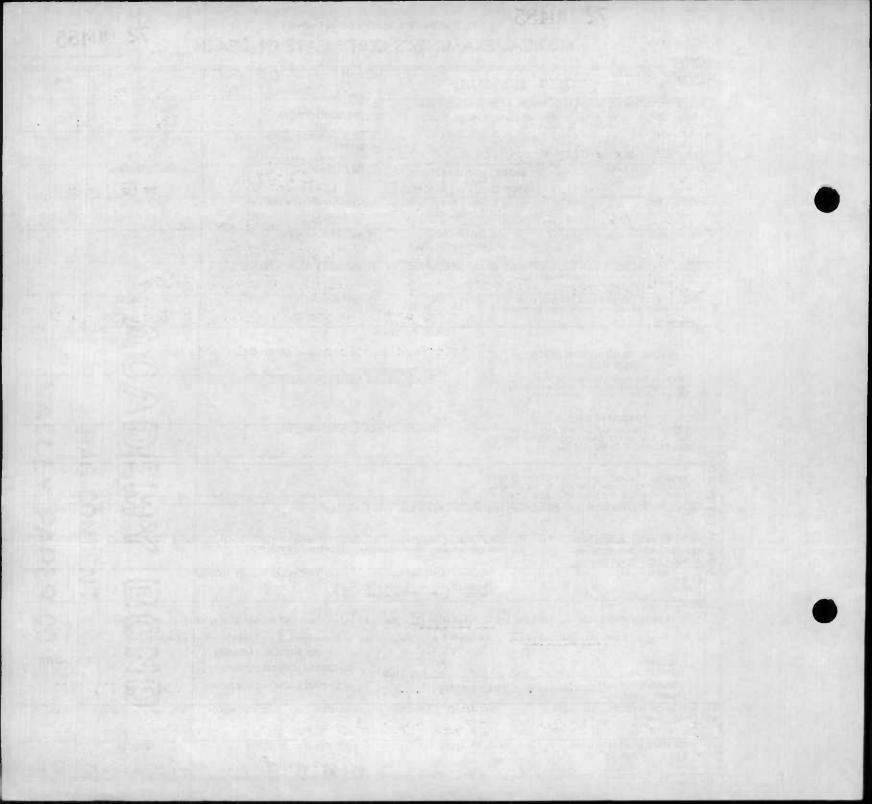
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72 00485

BALTIMORE CITY HEALTH DEPARTMENT

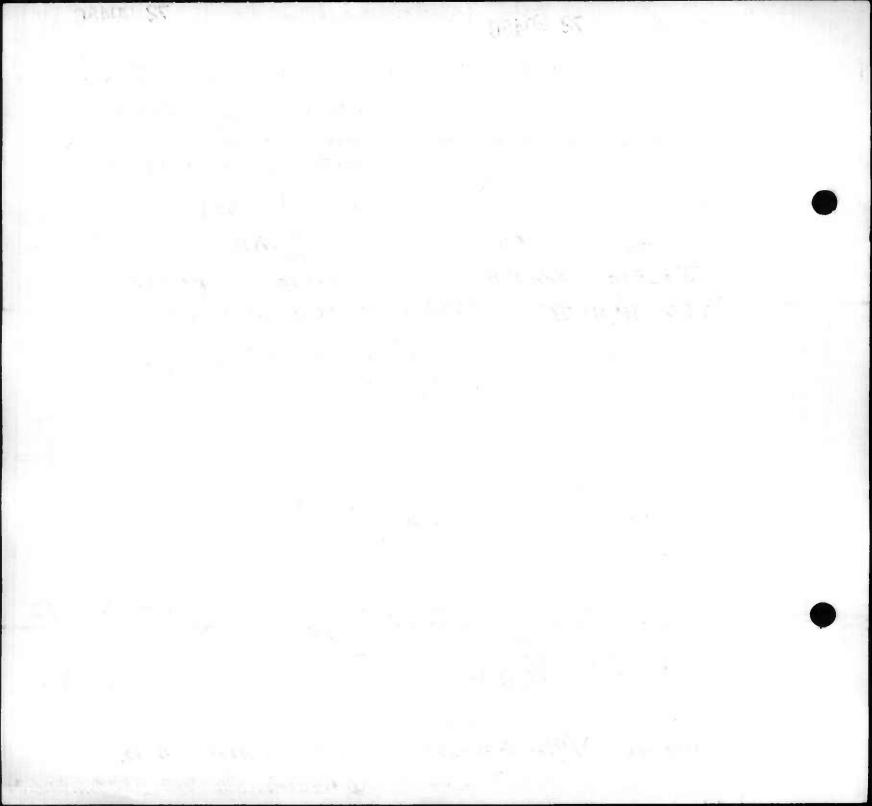
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MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 12 00485
I. NAME OF DECEASED (Type or Print) DOMINIC MUSCALLI	2. DATE Known X Month Day Year Hour OF DEATH Estimated January 12, 1972
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Day Year Hour PRONOUNCED DEAD January 12, 1972 4:55 Pe M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
Baltimore City Hospital (DOA)	A STATE B. COUNTY Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	2337 Sear\$1e\$ Road 13. FATHER'S NAME GOIDO MOSCALCI
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY dane during mast of working life, even If refired) 141. Proceedings	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes, give war ar dales of service)	18. INFORMANT ADDRESS ELIZABETH MUSCALLI, 2337 JOARIET PD. 2122
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or compfication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	rotic cardiovascular disease
C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No.)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	in ar about 22C, WHERE DID (If in Soltimore City, give exact location) 22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) m. WHILE AT NOT WORK AT W	WHILE ORK
I certify that I held an Inquiry Inspection X Autrestant Natural causes Accident Suicide ACTUAL SIGNATURE Land Charles S. Springate, M.D. NAME (Type)	CHIEF MEDICAL EXAMINER DATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify) 13 JAN 72 JACASO HEARY THE CONTROL OF THE PROPERTY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	LERGEN FUNERAL HOME, DUNDALK, MO-
V\$ 151.PFV 1/1/68	



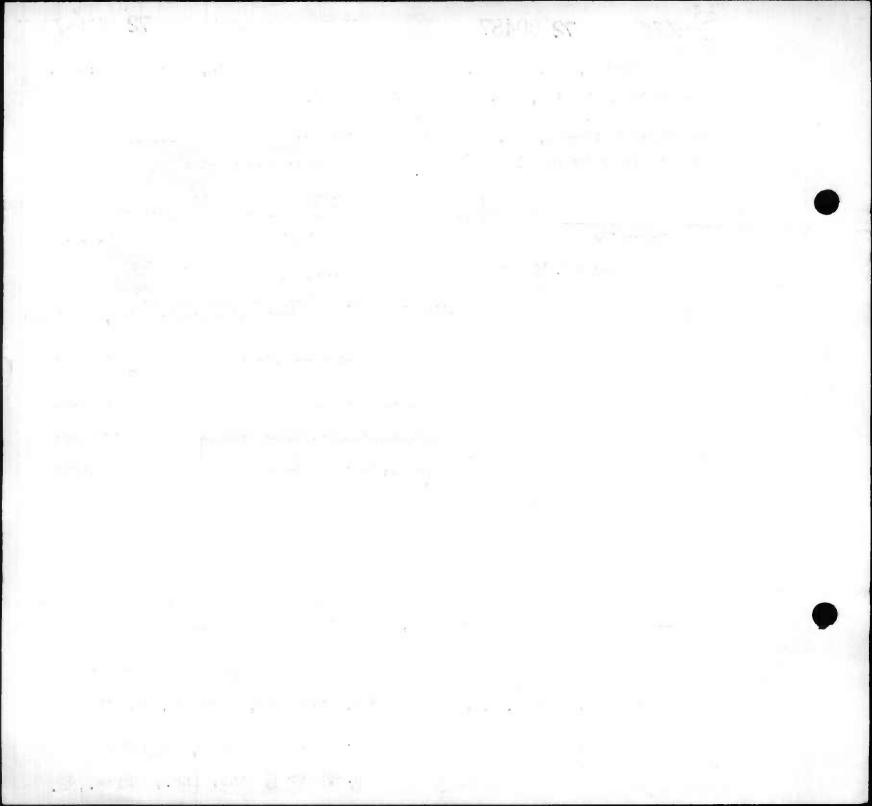
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

72 0040% BALTIMORE CIT	TY HEALTH DEPARTMENT 72 00486					
	ATE OF DEATH REG. NO.					
(Type or Print)	2. DATE AND HOUR OF DEATH					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission)					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 2 BALTO					
HOSPITAL OR ADDRESS OR LOCATION) MARYLAND GENERAL HOSPITAL	C. CITY OR TOWN ESSEX D. INSIDE CITY LIMITS?					
MAR/GIND GEIDE MILITER INTE	E. STREET AND NUMBER					
5. SEX 6. RACE 17. MARRIED WALLES	8. DATE OF BIRTH 9. AGE (In vaces III linder 1 V. III linder 24 Hz.					
6. RACE WIDOWED DIVORCED DIVORCED	01-31-10 ost bithdoy Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR						
Nove Off	Tho. U.S.A.					
JOSEPH SPATH	14. MOTHER'S MAIDEN NAME					
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS					
YES WW II SECURITY NO. 216-05-407	o Medical Record					
DISEASE OR CONDITION DIRECTLY						
LEADING TO DEATH	use of (R) Lung c					
	A CONSEQUENCE OF:					
ANTECEDENT CAUSES	av.					
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:					
UNDERLYING CONDITION last. (C)						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION						
1 E O LY75 WAS PERFORMED ON A D Lum	20 - AUTOPSY? Yes or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF home, form, foctory, street	or about 21 C. WHERE DID (If In Baltimore City, give exact location)					
O 21D. TIME (Month) (Doy) (Year) (Hour 21E IN HER OCCUPRED	21F. HOW DID INJURY OCCUR?					
(APPROX.) While At Not While At Work At Work						
22. I certify that (1) (this hospital) attended the deceased fram	- 2 1972 to 1 - 12 1972					
	that (1) (we) last sow the deceased alive on 1 - 12 19 7 and that in (my) four) opinion death accurred on the date					
and haur and from the causes stated above. (I) (We) (did) (did nat) v						
Attending Med. Staff Med. Staff Med. Director Phys. Med. Director Phys. Med. Director Directo						
SAME (Type)						
4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF GEMETERY OF CREMATORY 124D. LOCATION (City, 19WD. OF CRUPK) (Shorts)						
B120101 1/15/22 6000	(340 10 1 1 1 1 S/c) CARO					
25A. DATE REC'D SY HEALTH DEPT. 258-MAME OF REGISTRAR	FAITH BALTO. MD 25C. FUNERAL DIRECTOR ADDRESS					
VS 150-REV. 1/1/68	Of cold Commelly Sout 300 March					



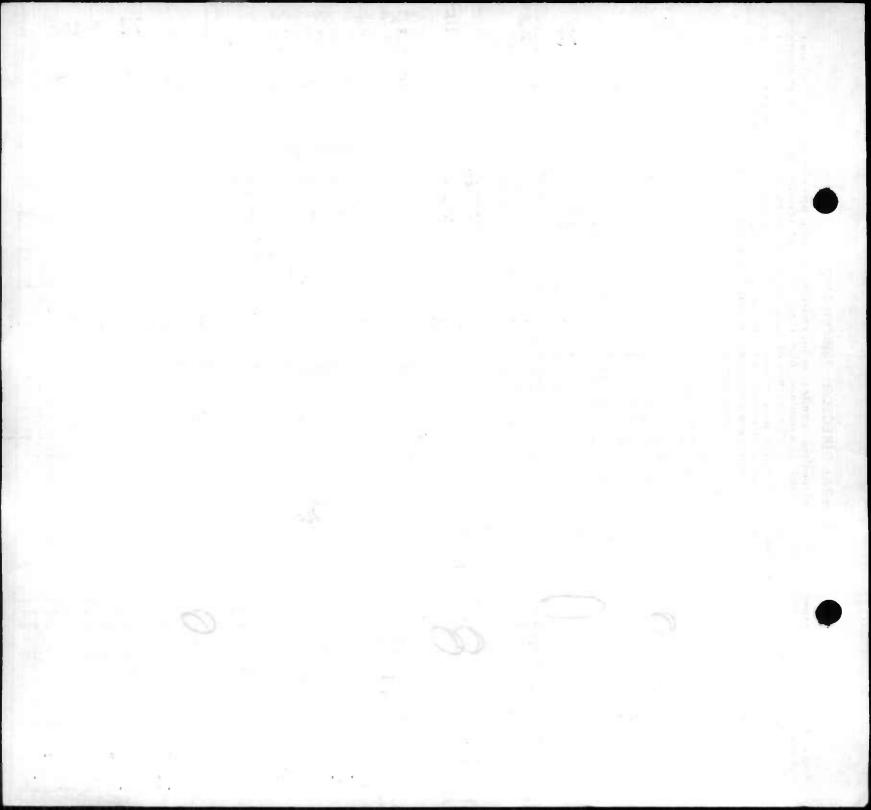
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause. (5) December 1	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the chief in the body was released to the hospital by a mishows: (1) An accident of any nature: (2) Body	was D.O.A. at a hospital (except where the p deceased prior to death); and (6) No physicia written approval must be obtained before the

S-432 72 004	8.7	TE OF DEATH REG. NO	72 00487		
(Type or Print) SCHULTZ, MRS. IRE	NE T.	2. DATE AND HOUR OF DEATH JANUARY 10, 197	2 , 11:20 A.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO The Gundry Sanitarium, In FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) The Gundry Sanitarium, Inc	STITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived, If in A. STATE Md. B. COUNTY County C. CITY OR TOWN D. INS			
To St Agnes Hospital		E. STREET AND NUMBER 2023 Cedar Circle Drive			
F W WIDOW		8. DATE OF BIRTH 5/7/1879 9. AGE (In yeors lost birthdoy) 92	If Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if refired) Housewife	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Indiana	12 CITIZEN OF WHAT COUNTRY		
George S. Throo		14. MOTHER'S MAIDEN NAME Catherine Fuhrer			
15. Was Deceased Ever In U. S. Armod Forces? (Yas, no or unknown) (If yes, give war or datas of service) NO	16. SOCIAL SECURITY NO. 220-44-7316	Dr. Kathryn Schultz-daugh 2023 Cedar Circl	ter e Drive, Baltimore		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, a hoart failure, asthenia, etc. It means the disectinjury or complication which caused death.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 Weeks				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION lost,	ing DUE TO, OR AS	c Failure A CONSEQUENCE OF: sclerotic Heart Disease	4 weeks		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL	Brain Syndrome	15 years		
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	FINDINGS CONSIDERED USES OF DEATH? City, give exoct location)				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examined) 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID INJURY OCCUR? DEATH (notify modical examined) 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID INJURY OCCUR? INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While At Not While Work While At Work					
22. I certify that (I) (this hospital) attended the deceased from January 7 19 67 to January 10 19 72 that (I) (we) lost sow the deceased alive on January 10. 19 72 and that in (my) (our) apinion death accurred on the date and hour and from the coessistated above. (I) (We) (did) (did not) view the bady after death.					
23A. SIGNATURE / / / Muly	Atter Phys.	nding Med. Shaff Phys.	23B, DATE SIGNED 1/10/72		
Alfred J. Shulman,	M.D.	2 N. Wickham Rd, Baltimore	, Md. 21229		
REMOVAL (Specity)	NAME OF CEMETERY OF CRE	rematorium Baltimore, M	y, town, or countyl (Stotel		
	G REGISTRAR	25C. FUNERAL DIRECTOR H. Sander & Sons, Inc	ADDRESS		



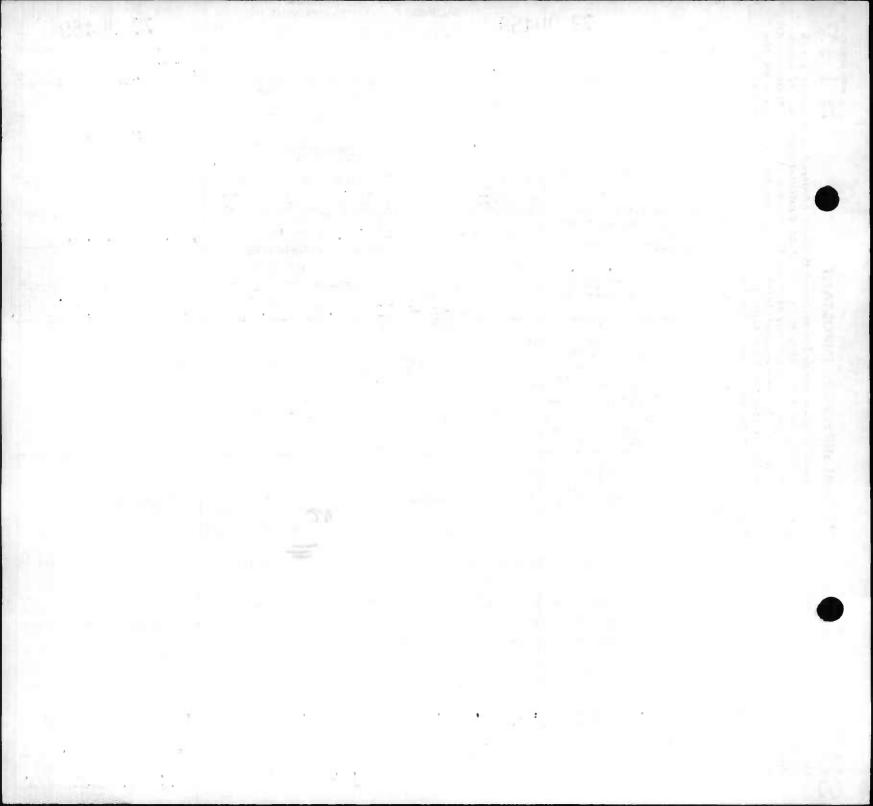
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

BALTI	MORE CITY HEALTH DEPARTMENT
72 00488 CER	TIFICATE OF DEATH REG. NO. 72 00488
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	BLAINE SANUARY 14.1972 6.35 P. M. D 4. USUAL RESIDENCE IWhere deceased lived. II institution: residence before admission
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAL	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO NO
T	E. STREET AND NUMBER
ONON MEMORIAL HOSPITA	The state of the s
MARKIED X NEVER M	lost birthdoy Months: Days : Hours : Min.
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS O	R INDUSTRY 11. BIRTHPLACE IState or foreign country) 112. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired) STEAM SH	1.P
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
SAMUEL SWEENY	MORY MACABET
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war or dotes at service) SECURIT	17. INFORMANT ADDRESS
No 215-0;	1 6 2000
	E OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 = 0 =
(This does not mean the mode of dyling, e.g., (A) IM	MEDIATE CAUSE VIES PA VORY ARREST
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	
ANTECEDENT CAUSES	CEREBRAL METOSTASIS
DISEASES OR CONDITIONS, if any, giving DU isse to the above cause (A) stating the	E TO, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	VAROTIO TUMOR
Z OVIET STONIER AND TO A DETAIL OF THE CONTRIBUTION OF	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 19A-CCIDENT WAS UNDERLYING 1218 PLACE OF IN	ATION 20A. AUTORY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING TICAUST OF	NJURY Ie-g., in or obout 21 C. WHERE DID (If In Boltimore City, give exect location) ty, street, office bidg., INJURY OCCUR?
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) 21D.TIME (Month) (Doy) (Year) (Hour) While At [CURRED 215. HOW DID INJURY OCCUR?
(APPROX.)	Not While At Work
22. I certify that (I) (this hospital) attended the deceased	
that (i) (we) last saw the deceased alive on	9 72 and that In (my) (four) apinian death accurred an the date
and hour and fram the causes stated abave. (i) (We) (did)	(did nat) view the bady after death.
23A- SIGNATURE	Attending Med. Stoff O
23G-PHYSICIAN'S	DEGREE Phys. L Director L Phys. L
NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION 124B. DATE 124C NAME of CEASE	OEGREE 35 RO BUCK WON
REMOVAL (Specify)	
BUPIAL 1/17/72 Woodlawn	
JAN 17 1972 P. B. R. S. Q. 2. 0	O O W. Jenkins & Sons Co. 4905 York Rd.
VS 150-REV. 1/1/68	Balto, Md. 21212



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the virten approval must be obtained before the remains are embalmed or final disposition is made.

0 205	70 0	0400	BALTIMORE CITY	HEALTH DEPARTMENT		100 0 0 1 - 1
U-320	72 0	U489	CERTIFICA	TE OF DEATH	REG. NO	72 00489
NAME OF DECEA	SED			In DATE	AND HOUR OF DEATH	
Type or Print)	Mae	S.	Dodson		uary 15, 1	
2 PLACE IN BALTIA	ORE MARYLAND, W			4 USUAL RESIDENCE (W	uary 15, 1	912 1 H.M. M
A PERCE III BASIIII	NORG MARILAND, W	HERE PRONO	JNCED DEAD	A. STATE & COL	JNTY	astitution: residence before admission)
FULL NAME OF TOSPITAL OR NISTITUTION	FIF NOY IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland c. City or town	ID INC	2778
	/=====				D. 1143	ATT C
00	617 Harw	ood Av	е.	Baltimore E. STREET AND NUMBER 617 Harwoo	A A ***	YES K NO [
				OI / Harwoo	d Ave.	
SEX F1 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthdoy)	Months Doys Hours Min.
Τ.	V.V.	WIDOWED	DIVORCED	12/30/1898	73	Total Doys
		108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
one during most of worl Clerk	king life, even if retired)		Attento moto	Ot Mannet	0	
		COURTIET.	cian Credit		County, Md	· U.S.A.
FATHER'S NAME				14. MOTHER'S MAIDEN N		
Thomas	G. St.Cl	air		Ida Burrou	ghs	
Was Deceased Eve	er in U. S. Armed For	1000	16. SOCIAL	17. INFORMANT	20/07	ADDRESS
es, no or unknown) (If	yes, give war ar date	s of service)	SECURITY NO.		10607 Ken:	ilworth Ave.
No			215-22-261	B Mrs.Jane D	.Horning. 1	Bethesda, 20014Md
(This does not heart failure, ast Injury or camplic ANT DISEASES OR	ADING TO DEATH mean the made of henia, etc. If means cofion which caused TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	the disease, death.)	Art	CONSEQUENCE OF:	n p-/ De	j.
OTHER SIGNIFICATION THE DEATH B	NT CONDITIONS COLUT NOT RELATED TO THE	IE TERMINAL	X	Alung	<i>1</i>	slogs
	PERATION 198 CON	DITION FOR V	HICH OPERATION	20A. AUTOPSYR (Yes or I	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING CAUSE OF	218, home	PLACE OF INJURY (e.g., in a, farm, foctory, street, off	or about 21C. WHERE DID	(If In Boltimor	re City, give exact location)
21D. TIME IM	lonth) (Doy) (Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY		Whit	le At Not White			
		Worl			<u></u>	
22. I certify the	it (1) (this hospital)	attended th	e deceased from	yuu	19 60 to 1K	n. 15 1972
	st saw the decease	AFF.	The 13	19. 2 ond 1	that in (my) (our) opi	nian death occurred on the date
and hour and fr	om the causes stat	ed abave. (1)	(We) (did) (did-nat) vi	ew the body after death		
23A. SIGNATURE	10.00/1	11/				23B DATE SIGNED
1	Musse	Un		Med.	Shaff Phys.	11/1/27
23C. PHYSICIAM'S NAME (Type)		6	DEGREE Phys.	3D. ADDRESS	rhys.	11115/12
Dr.		E. Cari	r, Jr. DEGREE	3900 N. Cha	arles St.	
A. BURIAL CREMA	TION, 248, DATE		ME of CEMETERY of CRE			ty, town, or county) (State)
Burial	1/17/7:	D.O.	idon Park	1	Reltimana	
A. DATE REC'D BY	HEALTH DEPT.	25B NAME O		25C. FUNERAL DIRECTO	Baltimore,	Md .
AN 17 1972	(BEEN	COL TO S IN COLUMN	2000	H.W. Tenking		
5 150-REV. 1/1/68						



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B-400 72	H IZ CIC	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO	72 00490
1. NAME OF DECEASED	Porto	2. DATE AND HOUR OF DEATH	,150
Louise M. 3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	1 / - P M
	AL OR INSTITUTION, GIVE STREET	Md.	1201
		Baltimore	YES NO NO
90 Edgewood Nur	sing Home	E. STREET AND NUMBER Broadview Apartments	
5. SEX 6. RACE	7- MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (in yeors last birthdoy) 8.	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	TOR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Own Home	Washington, D. C.	USA
Charles		14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give war or dates	of service) SECURITY NO.	17. INFORMANT	ADDRESS 21210
no 18. // / 9 // 1	215-10-6214 CAUSE OF DEAT	Mr. Robert B. Boyle 3	19 Tuscany Rd.
(This does not mean the mode of heart failure, asthenia, etc. If means injury or camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	ny, giving slaling the (c)	SEPENOTIC CARDIO-UNSC ACONSEQUENCE OF: ACONSEQUENCE OF: C BRONCHITES	uran sistas
19A. DATE OF OPERATION 19E. COND.	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	218 PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	or about 21 C. WHERE DID // In Palet	re City, give exoct location)
(APPROX.)	(Houd) 21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?	/
22. I certify that (i) (this hospital) that (i) (we) lost saw the deceased		100	nion death accurred an the date
and have and from the causes state	d above (1) (We) (did) (did not) vi	lew the bady after death.	mon death accorded an the date
Chit hong + Cara	339 M Degree Phys	Med. Staff Phys.	1-15-72
23C. PHYSICIANS NAME (Type) THE TYPE THE TYP	F CAROZZAGREE	MD 5217 YORK RU	Bnito md
24A. BURIAL CREMATION, 24B. DAYE REMOVAL (Specify)	24C. NAME of CEMETERY of CRE		ly, lown, or county) (Stotel
Burial 1-18-72	New Cathedral Registrar	Cemetery Baltimore,	Maryland
JAN 17 1972 Co. 1 VS 150-REV. 1/1/68	E. Faller M.D. (1)	25C. FUNERAL DIRECTOR HOW . Menking Sons Co. Baltimore.	4905 York Rd Maryland 21212

TOPACE ST 18 miles 82

pus	sed	the	nch	
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the boary was rejeased to the nospital By a medical examiner. Also, it the direct or contributing cause of death thows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	tal (except where the physician who pronounced death was in regular attendance on the	itn); and (o) to pnysician was in regular aftendance on the deceased prior to death. Such the obtained before the remains are embalmed or final disposition is made.	
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a ho	ause 8: (5	dar	0	
in	g cc	tter	- 0 m	1
pe.	od co	D.	pric	
CULT	ribt	ping	in); and (o) no pnysician was in regular attendance on the deceased prior to obtained before the remains are embalmed or final disnocition is made.	3
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P +	# C C	Ma	he	2
int	2 to 10	t.	on it	3
siste	kin kin	dec	900	
S O S	any	pes.	or f	
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cate	An a	ŧ.	written approval must	
tifi	3	O.A.	do F	
100 5	WS:	0	1ten	
This	shows: (1) An accident o	was D.O.A. at a hospita	written approval must b	

) - 34 (TH NO.		0049	CERTIFICA	TE OF DEATH	REG. NO	72 004	491
1. N (Ty)	e or Print Du	eased idley, Howard	E.			ary 14, 1972		
		TIMORE, MARYLAND, W		OUNCED DEAD	4 USUAL RESIDENCE (WH	nere deceased lived If		1:15 a A
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INS	TITUTION, GIVE STREET	Virginia	NIY	· t	143
	LL NAME OF	ADDRESS OR FOCA	AIIONI		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
B	altimore	City Hospita	als		Richmond E. STREET AND NUMBER		YES 🗌	No 🗵
43	40 Last	ern Avenue Ba	altimo	re, Maryland	311 W Frankli	in Street		
5. S	EX	6. RACE		D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Doys	II Under 24 Hrs.
	ale	Caucasian	WIDOW		7/21/00	71	Months Doys	Hous Min.
A01	USUAL OCCU during most of w	JPATION (Give kind of work working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign countryl	12. CITIZEN OF	WHAT COUNTRY
	Execu		To	bacco	Virginia		U.S	.A.
3.	FATHER'S NAM				14. MOTHER'S MAIDEN NA	AME		
_	Oliver	Dudle	0	Name of the last o	Lucy			
Yes	Nos Deceased , no or unknown)	Ever in U. S. Armed For- Ilf yes, give wor or dote	ees? s of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT 4940	Eastern Ave	ADDRE	ESS
_	res	WW 1 & WW	II	\$23-03-3235 CAUSE OF DEAT	BCH: Records			21224
		plication which caused	death.)	DUE 10, OR AS		0		1
ATION	DISEASES OF SISE OF SISE OF SIGNIFICATION OF SIGNIFICATION OF THE DEATH	R CONDITIONS, if above cause (A) CONDITION last.	any, givir slaling II NTRIBUTING	(c) A cu	nd four tobe a CONSEQUENCE OF: Le Blostie	Lewhens	na. 1 w	reck months
RTIFICATION	DISEASES OF THE DISEASE OF CO	R CONDITIONS, if above cause (A) CONDITION last.	ony, givin stating It was a stating It with the state of	(B) Bilate DUE 10. OR AS (C) A cu	A CONSEQUENCE OF: Je Blastic 20A. AUTOPSY? (Yes or N Yes		FINDINGS CONSIL	
CAL	DISEASES OF THE STATE OF THE STATE OF THE DEATH DISEASE OF CO. 19A. DATE OF THE STATE R CONDITIONS, if above cause (A) CONDITION last, I CANT CONDITIONS COIL BUT NOT RELATED TO THE DOUBLION GIVEN IN PART OPERATION 19E. CONDITION ony, givin stating It stating It stating It stating It stating It states and It states are stating It states and It states are states and It states are st	(B) Bilate DUE 10. OR AS (C) A cu	20A AUTOPSY? (Yes or N Yes	IN CERTIFYING CA	FINDINGS CONSIL	Yes		
MEDICAL CERTIFICATI	DISEASES OF THE PROPERTY OF THE DEATH DISEASE OR CO. 19 A. DATE OF CONTRIBUTION OR CONTRIBUTION OF THE PROPERTY OF THE PROPERT	R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CANT CONDITIONS COIL BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 198. CONDITION 198. CONDIT	OTRIBUTING NTRIBUTING HE TERMINA I 1 (A). ORMED	(B) Bilate DUE TO, OR AS (C) A CU WHICH OPERATION IB PLACE OF INJURY (e.g., in portion, foctory, street, of	20A. AUTOPSY? (Yes or N Yes n or obout 21 G. WHERE DID ffice bidg., INJURY OCCUR?	IN CERTIFYING CA	AUSES OF DEATH?	Yes
MEDICAL C	DISEASES OF SISSES ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PART OPERATION 198. CONDITION GIVEN IN PART OPERATION 198. CONDITIONS CAUSE OF medical examined (Month) (Doy) (Year)	ony, givin stating It stating It stating It stating It states and the state of the	(B) Bilate DUE 10, OR AS DUE 10, OR AS (C) A CUL WHICH OPERATION IB. PLACE OF INJURY (e.g., in order) orme, form, foctory, street, of (c.) IE. INJURY OCCURRED While At. At Work the deceased from	20A. AUTOPSY? (Yes or N Yes n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID IN.	JURY OCCUR?	AUSES OF DEATH?	Yes occiton)	
MEDICAL C	DISEASES OF SISSES R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CANT CONDITIONS COLD BUT NOT RELATED TO THE CONDITIONS COLD BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 19B. CONTINUED CAUSE OF medical examined (Month) (Day) (Year) That (1) (this hospital) last saw the decease from the causes state	ony, givin stating It stating It stating It stating It states and the state of the	Bilate DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS CO. A CU. R WHICH OPERATION BE PLACE OF INJURY (e.g., in order) Dome, form, foctory, street, of ic.) E INJURY OCCURRED While At. Not While At Work the deceased from (H) (We) (did) (did not) v Attention of the lecture of ic.)	20A. AUTOPSY? (Yes or N Yes n or obout 21 G. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19 21 and the liew the bady after death.	(II In Boltimo	Inion death occur	Yes ocotion) 19	
MEDICAL C	DISEASES OF SIGNIFICATION OF CONTRIBUTION OF INJURY (APPROX.) 22. 1 certify that (1) (we) 1 and haur and	ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CANT CONDITIONS COLD BUT NOT RELATED TO THE CONDITIONS COLD BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 198 CONDITION (Month) (Doy) (Year) That (+) (this hospital) last saw the decease from the causes state of the cause state of the cause state of the cause of the causes state of the cause state of the cause state of the cause state of the cause of	ony, givin stating It stating It stating It stating It states and the state of the	(B) Bilate DUE 10, OR AS DUE 10, OR AS (C) A CUL WHICH OPERATION IB PLACE OF INJURY (e.g., in order) Come, farm, foctory, street of cal (c) E INJURY OCCURRED While At Work the deceased from (H) (We) (did) (did not) v DEGREE Phys	20A. AUTOPSY? (Yes or N Yes n or obout 21C, WHERE DID INJURY OCCUR? 21F. HOW DID IN. e 19 22 and th lew the bady after death. nding Med. Director 22D. ADDRESS	IN CERTIFYING CA (II In Beltimo JURY OCCUR? 19 12 ta André (in (my) (out) opi Shaff Phys.	Inion death occur	Yes ocotion) 19 22 rred on the date 14 (5)
MEDICAL C	DISEASES OF THE STATE OF THE STATE OF THE DEATH OF THE DEATH OF THE DEATH OF THE STATE OF THE ST	CANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last, CONDITION last, CANT CONDITIONS COINTIONS CAUSE OF medical examined (Month) (Doy) (Year) Chart (H) (this hospital) chart (H) (this hospital) chart saw the decease from the causes state of the cause of the cause of the causes state of the cause of the	ony, givin stating It stating It stating It stating It stating It states It	(B) Bilate DUE 10, OR AS DUE 10, OR AS (C) A CUL WHICH OPERATION IB PLACE OF INJURY (e.g., in order) Come, farm, foctory, street of cal (c) E INJURY OCCURRED While At Work the deceased from (H) (We) (did) (did not) v DEGREE Phys	20A. AUTOPSY? (Yes or N Yes n or obout 21C. WHERE DID ffice bidg. INJURY OCCUR? 21F. HOW DID IN. 19 22 and the liew the bady after death. Inding Med. 23D. ADDRESS 4940 Eastern Av	UN CERTIFYING CA	Inion death occur	Yes ocotion) 19 72 rred on the date 14 (5)
WEDICAL C	DISEASES OF THE SIGNIFIC TO THE DEATH-DISEASE OF CO. 19A-DATE OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22 C. I certify that (1) (we) I and haur and C. 19A-DATE OF CONTRIBUTION OF CONTRIBUT	ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last, CONDITION last, CANT CONDITIONS COINTIONS CAUSE OF medical examined (Month) (Doy) (Year) Control of the causes statement of the causes statement causes causes causes causes causes ca	A.D.	(B) Bilate DUE TO, OR AS DUE T	20A. AUTOPSY? (Yes or N Yes n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 22F. HOW DID IN.	UN CERTIFYING CA	Inion death occur 238. DATE SIGNE Ore, Maryl ity, town, or county)	Yes ocotion) 19 22 rred on the date 14 (5)

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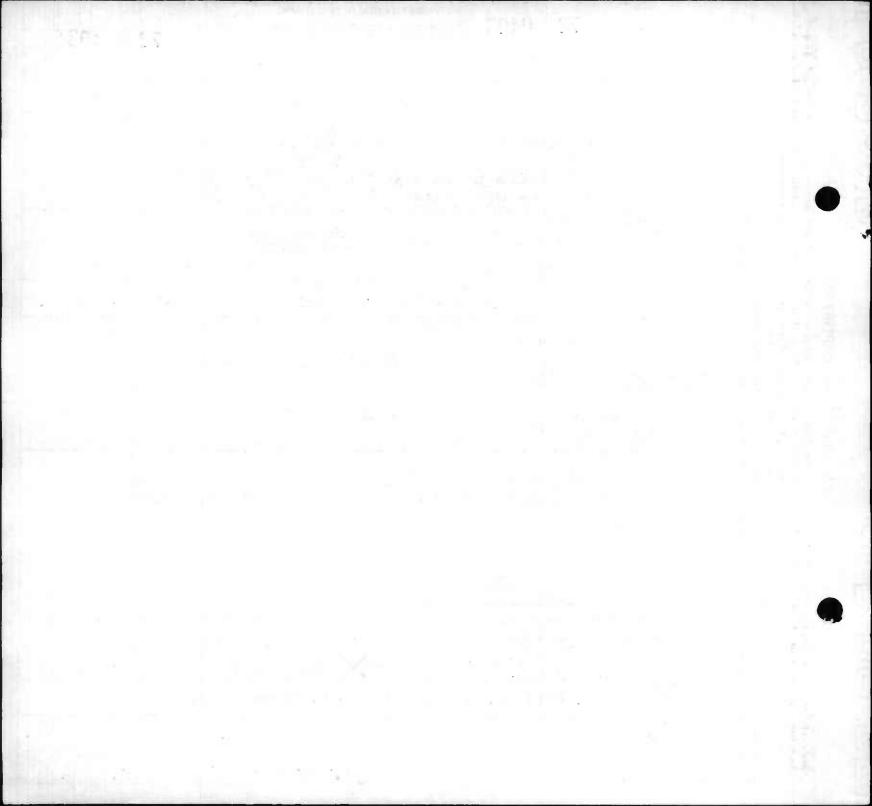
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

EIR	4-616	72 0	0492		HEALTH DEPARTMENT		72 00492
1.1	AME OF DECI	EASED			2. DATE	AND HOUR OF DEATH	
		Edwin	Laurence	Harper	Jar	1. 13, 1972	1 / P. M.
3.	PLACE IN BALT	TIMORE, MARYLAND,	WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (V	Where deceased lived. If in	nstitution: residence before admission)
FU	LL NAME OF	(IF NOT IN HOSE ADDRESS OR LO	TAL OR INSTITUTION	ON, GIVE STREET	Md.		2168
IN:	NOITUTITE	ADDRESS OR LO	CAHON		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	7	'08 Highwoo	ad Du		Baltimore		YES NO
	00'	OO TIIGHWOO			708 Highwo		21212
5. \$	KALE	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED	4-27-1883	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
104	USUAL OCCU			DIVORCED [11. BIRTHPLACE (State at	88	122 617351 65 144
dan	e during most of w	rorking life, even if retired)	OTTO OK INDUSTRI			12. CITIZEN OF WHAT COUNTRY?
	Retired		Artist		Alexandria	, Va.	USA
130	FATHER'S NAM	NE .			14. MOTHER'S MAIDEN	NAME	
	Andrew		rper		Mary	Haymes	
15. Yes	Was Deceased	Ever in U. S. Armed F.	orces?	SOCIAL SECURITY NO.	17. INFORMANT 400	03 Boxhill L	ane 29985
	no			4-03-9690	Mr. Charles		
	18. 44. 0	111	90	CAUSE OF DEAT	H Office Co	The Harper	APPROXIMATE INTERVAL
	DISEASES OF	NIECEDENT CAUSE R CONDITIONS, If above cause (A) CONDITION lost	S any, giving	(B) Empli DUE TO, OR AS	A CONSEQUENCE OF:		2 415
ERTIFICATION	TO THE DEATH DISEASE OR CO	II CANT CONDITIONS CO I BUT NOT RELATED TO PUBLITION GIVEN IN PA	THE TERMINAL	ASCV	,		3415
RTIFIC	0		RFORMED	CH OPERATION	20A-AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
2	21 A. ACCIDENT OR CONTRIBUT DEATH (notify i	T WAS UNDERLYING TING CAUSE OF medical examiner	21 B. PL/ home, f	ACE OF INJURY (e.g., in factory, street, af	ar about 21 C. WHERE DID	(If In Boltimor	e City, give exact locotian)
MEDI	21D. TIME OF INJURY (APPROX)	(Month) (Dayl (Yeor	(Haur) 21& IN. White A	Not While		NJURY OCCUR?	
		hat (1) (this hospital		leceosed from	5/10/56	1910	/13/72 19
				660/12			nion deoth occurred on the dote
	23A. SIGNATUR		pied apove (i) (M	(did) (did not) v	lew the body ofter deat	h•	
	C		2.400	AHO	nding Med.	Stoff [77]	23 B. DATE SIGNED
	23C. PHYSICIAN	Tranc	10/K/lls	DEGREE Phys	. Director L	Phys.	1/14/72
	NAME (Ty	pel			3D. ADDRESS		1.//
2//		Francis W		DEGREE	100 W. Univ	ersity Pkwy	•
24A	REMOVAL (Sp	ATION, 248, DATE	24C. NAME	of CEMETERY of CRE	MATORY 24D	LOCATION (C)	ly, lown, or county) (Slate)
B	Burial	1-17-7	72 Loud	on Park C	em E	Baltimore,	Maryland
25A	JAN 17	1972 Jabert	JOSE THA AGE OF B	EGISTRAR	25C. EUNERAL DIRECT	Sons Co.	4905 York Rd.
	150-REV. 1/1/61	101-	1	64 07 1 1	JU Baltimo		212

IMPORTANT FUNERAL DIRECTOR:

spital and of death Deceased Such 0 death. attendance contributing cause (4) Undetermined cause; (5) 0 prior regular mad deceased disposition = 20 the 3 assistant death 50 final attendance any pronounced 6 embaimed fracture of regular who are 4 9 physician remains MOS physician the (2) Body the 8 where to the hospital °N nature; obtained 9 (except ; and (6) any of death) hospital must accident 0 written approval 10 prior Was to An pessesep 0.0 the body shows: 80

BALTIMORE CITY HEALTH DEPARTMENT 72 00493 CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) John Gilman D'Arcy Paul Jan.12, 1972 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission! Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES T Baltimore NO 4307 Underwood Road E. STREET AND NUMBER 21218 4307 Underwood Road 9. AGE (In years lost birthday) & DATE OF BIRTH If Under 1 YE. 5. SEX 6. RACE If Under 24 Hrs. NEVER MARRIED 3 MARRIED M W -31 - 1887WIDOWED DIVORCED 84 10A. USUAL OCCUPATION (Give Lind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if tellred) None Baltimore, Maryland USA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME D'Arcy Paul Charlotte Abbott Gilman ADDRESS 5. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 7. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 20-44-7051 Mercantile-Safe & Deposit & Trust Co. No CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE This does not mean the mode of dying, a.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF: tise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A AUTOPSYT (Yes or No) 218. PLACE OF INJURY (e.g., in or about 21G, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II In Baltimore City, give exact lacation) MEDICAL DEATH (natify medical examined 21 D. TIME OF INJURY (Month) (Day) (Year) (Houd 21f. HOW DID INJURT OCCUR? 21E INJURY OCCURRED Not While While At (APPROX) At Wark Work 22. I certify that (1) (this-hospital) attended the deceased from 1-17 19 7 and that In(my) (our) optinion death accurred on the date that (1) (we) last saw the deceased alive an.... and hour and from the causes stated abave. (1) (We) (did) (did-not) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending Med. Staff Phys. Phys. Director 23 C. PHYSIGIAN'S 23D. ADDRESS NAME (Type) Philip Chase Street Wagley DEGREE 24A. BURIAL CREMATION 24B. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) Md. Greenmount Balto. -17 - 72Cremation 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR & Sons rork Balto. Md.21212 VS 150-REV. 1/1/68

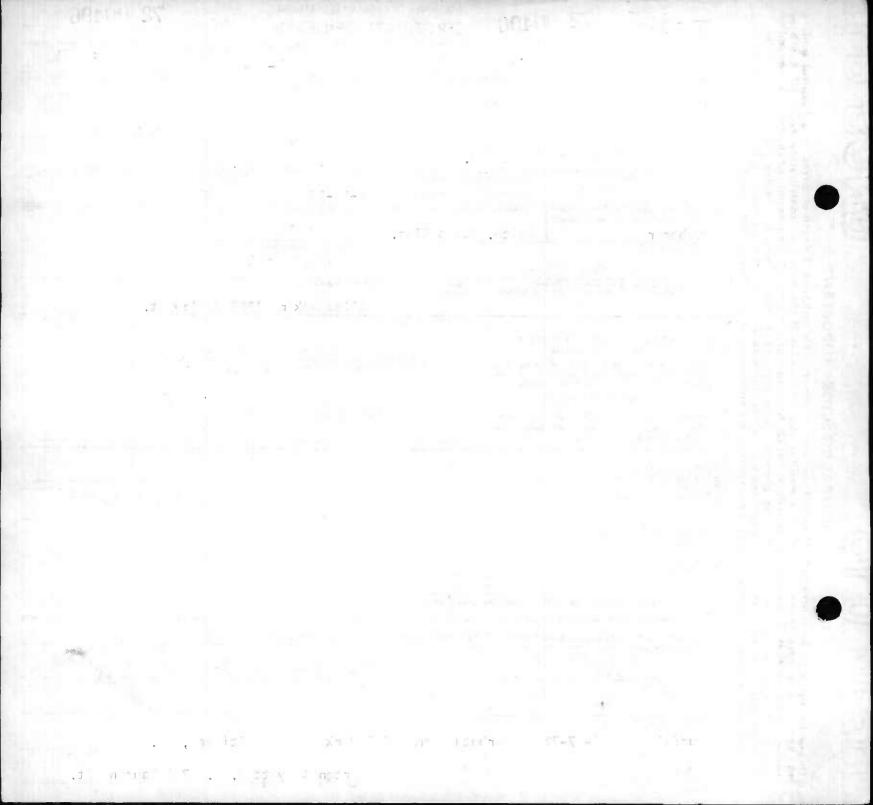


/2 00494 BALTIMORE CITY HE	ALTH DEPARTMENT	
V-525 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	לאסארות פיבוי ביה ל
BIRTH NO.		REG. NOV
1. NAME OF DECEASED	2. DATE Known XX Month	Day Year Hour
(Type or Print) Walter Johnson	OF Estimoted 1	15 72 Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEAIII	Dov Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 1	15 72 Hour 10:55 a.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased live	ed. If institution: residence before admission)
2424 W. Lafayette . Cine.	A. STATE Md.	COUNTY 1605
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
male Nagro WIDOWED DIVORCED	Balto.	YES NO
DATE OF BIRTH	E. STREET AND NUMBER	
3=1-95 lost birthdoy) 16 Months Doys Hours Min.	2424 W. Lafayette	a. Que.
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME	1
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR'	115 MOTHER'S MAIDEN NAME	- Cran
done during most of working life, even if retired)	1	
Talues!	susie :	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, noor unknown) (If yes, give wor ar dotes of service) SECURITY NO.	18. INFORMANT	2424 W. Lalacettale
19. CAUSE OF DEA	THE Z. GAMEN	APPROXIMATE INVERVAL
CAUSE OF DEA	in V	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Art	eriosclerotic cardiovas	scular disease
LEADING TO DEATH (A)IMMEDIATE C	CAUSE	
	AS A CONSEQUENCE OF:	
injury or complication which caused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
(c)		
Ĕ "		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes ar Na)
0 0		no
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in ar about 22C. WHERE DID (if in Boltimore	City of a count leading N
UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?	e City, give exact lacation)
UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCU	R?
OF INJURY NOT	WHILE _	
	ORK	
23.		
I certify that I held an Inquiry Inspection 🕮 Au	topsy ond that on this basis, a	death in my opinion
resulted from: Natural causes XX Accident Suicide		ed monner
1	CHIEF MEDICAL EXAMINER	
ACTUAL VIII 11X01111		DATE SIGNED
SIGNATURE AUGUNTUL M.D	ASSISTANT MEDICAL EXAMINERX	
EVA MINIEDIC	ASSOCIATE MEDICAL EXAMINER	□ 1/16/72
NAME (Type) Peter Lipkovic, M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D, LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	11000	7 (+ m/
Dural 11 10 1111 Cally	in com.	(. cunty, 110.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS /
JAN 17 1972 (See 18 Jaben 22)	Metten E. Click	un-1129N. Chestere I

THE MANY 72 1111

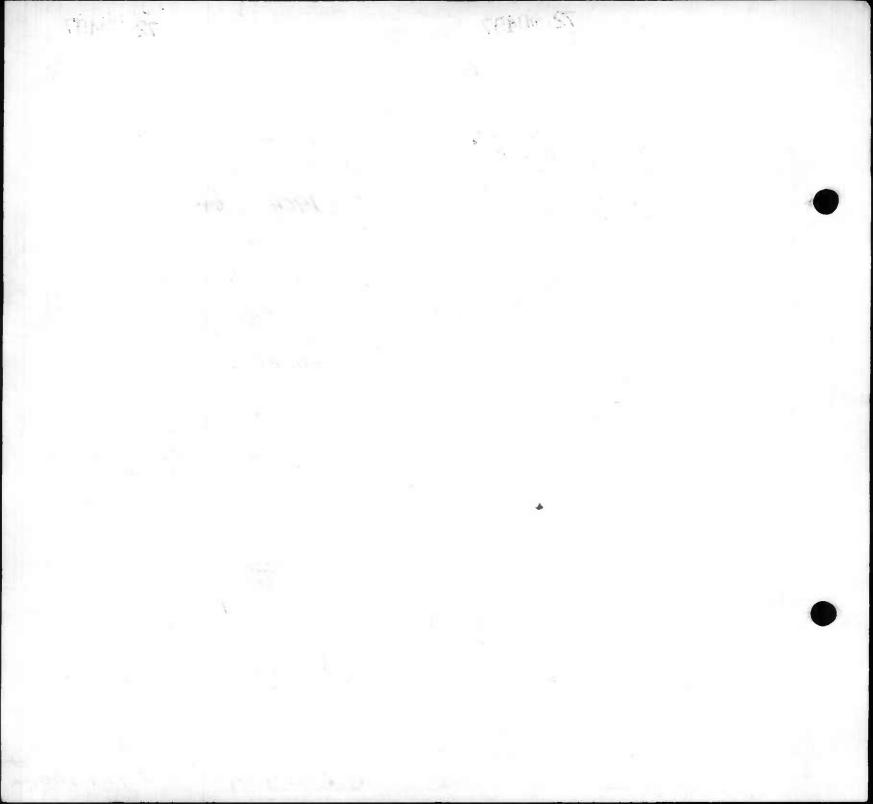
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F. Cot	3. 1
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if the iny hand danger	-
Also, of councilities ned	
ctur ctur pron lar balr	
A fra	
(3) / (3) / in v	
approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contributing any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined (1) except where the physician who pronounced death was in regular (1); and (6) No physician was in regular attendance on the deceased procobtained before the remains are embalmed or final disposition is made.	NO
me y bu ph) ph)	MEDICAL CERTIFICATION
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s: (1)	24/
This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Beceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.	25/
4707	VS

1 ,	ne mis	101100	BALTIMORE CITY	HEALTH DEPARTMENT		72 00496
SIRTH NO.	25 72	JU496	CERTIFICA	TE OF DEATH	REG. NO	16 00400
NAME OF D	ECEASED			2. DATE	AND HOUR OF DEAT	H 9.05 THE
Type or Print)	Adkins, F	Robert		1.	-13-72	8:05 PM
3. PLACE IN B	ALTIMORE, MARYLAND, V	WHERE PRONOL	INCED DEAD	A. STATE B. COL	here deceased lived, II	institution residence before admission
FULL NAME C	OF OF NOT IN HOSPI	TAL OR INSTITU	ITION, GIVE STREET	Maryland		904
HOSPITAL OR	ADDRESS OF LOC	(NOITA	JTION, GIVE STREET	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
				Baltimore		YES 🔀 NO
37	Monage II			E. STREET AND NUMBER		
1 /	Mercy Hos	pital,	nc.	1325 Valle	v St. #2120	2
SEX	6. RACE	7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
Male	Negro	WIDOWED [DIVORCED	8-28-30	41	
DA, USUAL OC			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTR
Labor	of working life, even if refired)	1	Gas & Elec.	Maryla	nd	USA
3. FATHER'S N		1 Darto.	das & Liec.	14. MOTHER'S MAIDEN N	IAME	USA
	Pohort War			Evelyn A	dkins	
Was Daniel	Robert Will		I & SOCIAL	17. INFORMANT		ADDRESS
es, no of unkno	sed Ever in U.S. Armed Fa wn) Ut yes, give war or dot	les of service)	SECURITY NO.	11. IMPORTATION		ADDRESS
				Alice Adkins	1325 Valle	y St.
18.	3.21		CAUSE OF DEAT	R		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA'
DISE	EASE OR CONDITION D			flower la	TRI.	
ATI 1- 1	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE CHIPCIC	- 5 Bleden	7
heart failu	s not mean the mode of re, asthenia, etc. It means	s the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	7º Varice	
injury or c	complication which cause	d death.)	,		1 1-6	1
	ANTECEDENT CAUSE	S	(A) Chro	nu Severe H	epola Pa	elup
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	the above cause (A)	staling the	(0)	hronie &	lebolies	us l
ONDEREIT	TO COMMINION 1935		(0)			
OTHER CICI	HISTORICANICONDITIONS CO	ONTRIBUTING				3 -5
E TO THE DE	NIFICANT CONDITIONS CO EATH BUT NOT RELATED TO	THE TERMINAL	***************************************			
DISEASE OF	OP OPERATION 1198 CO	NOTION FOR V	VHICH OPERATION	20A. AUTOPSYT (Yes or	No. 208 IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
19A DATE	WAS PE	RFORMED		455	IN CERTIFYING	AUSES OF DEATH?
21A. ACCI	DENT WAS UNDERLYING	218.	PLACE OF INJURY IS.G.	in at about 21C. WHERE DID	(If In Baltim	nare City, give exact lacation)
OP CONTE	DENT WAS UNDERLYING DENTING CAUSE OF CHIP medical examined	hom	e, farm, factory, street, o	lice bidge INJURY OCCUR		
21D. TIME		11-1-12		218 11014 515	MILLIAN OCCUPA	
OF INJURY	(Month) (Day) (Yeol		INJURY OCCURRED Not While	21F. HOW DID	MJURY OCCUR	
IAPPROX.)		Wo	k At Wark			
22. 1 cert	Ify that (1) (this hospita	al) attended t	ne deceased from 12	129	19 7 / ta	1/13 19/8
	ve) last saw the deceas		1/23/72	/	that In (my) (our) o	platan death accurred an the da
) AVE) (did (m)	rlew the bady after deat		
23A. SIGNA		7	/ (nje/ (ulu/ (ulu-us/) (riew the budy diler dedi	110	238, DATE SIGNED
	PATA	6 1		ending Med.	Staff Phys.	1/14/20
22.5 21.45	-1- Nevu	12,1	DEGREE Phy	s. Director L	Phys.	11/1/10
23 U. PHT \$10	CIAN'S E (Type)	D	840	23D. ADDRESS	11	/ /
NAMI			Dieti Mil	MEDIC	HOSPI	10
NAMI	1. [,	DETR	ICH , IIII/ DEGREE	MICKUI	11001.	TAL
4A. BURIAL C	CREMATION, 248, DATE	DET F		EMATORY . 24D.	LOCATION	TAL (City, town, or county) (State)
4A. BURIAL C	L (Specify)	DET F	ME OF CEMETERY OF CR	1 - 4 - 1		
Buria Buria	L. (Specify)			1 - 4 - 1	Baltimore,	
24A. BURIAL C REMOVA Buria	1 1-17-7		butus Memdori	al Park	Baltimore,	Md.
Buria Buria	1 1-17-7 CD BY HEALTH DEPT.		butus Memdori	al Park	Baltimore,	Md.



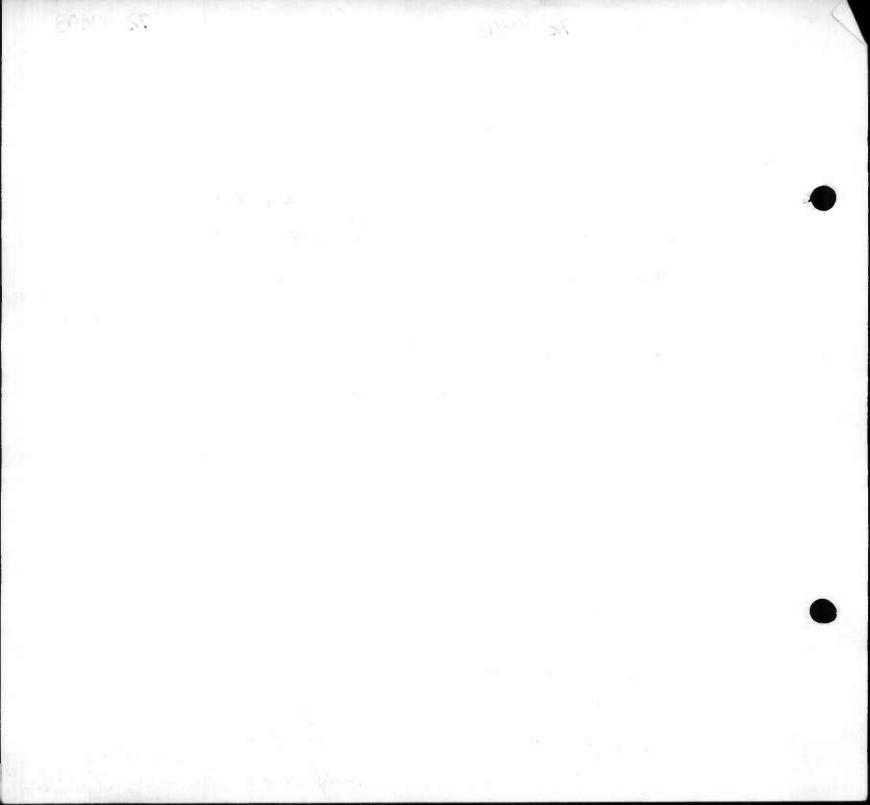
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s certificate must be approved body was released to the twes. (1) An accident of any is D.O.A. at a hospital (exceedased prior to death); and itten approval must be obtained.
This c the books shows was L decea

6		1111447	ATE OF DEATH	REG. NO. 72	00497
	NO. VIE OF DECEASED or Printl	Monat		HOUR OF DEATH	1/301
	NAME OF (IF NOT IN HOSPIT)	HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET	A. USUAL RESIDENCE (Where a. STATE B. COUNTY	deceased lived. If institution:	residence before admission)
HOSPI	ADDRESS OR LOCA	C Hospice	C. CITY OR TOWN Baltimore	D. INSIDE CITY YES	
5. SEX	Batta me	1 31217	E. STREET AND NUMBER	MORYLA A	ve.
1	n Negro	MARRIED NEVER MARRIED WIDOWED DIVORCED 10B. KIND OF BUSINESS OR INDUSTR	12/18/19104 100	birthday) 6 Months	der 1 Yr. If Under 24 Hrs. B Days Hours Min.
done du	uring most of working life, even if retired)		South Ca	rolina 12. di	1, S, A,
15. Way	TACK GEA	n 16. SOCIAL	14. MOTHER'S MAIDEN NAME	Herson	A
(Yes, no	of unknown) III yes, give wor or dates	SECURITY NO. 249-07-695 CAUSE OF DEA	Covine GR	Aut 1670	-W. North
	DISEASE OR CONDITION DIR	ECILY	Atturo selv	مندود	BETWEEN ONSET AND DEATH
he	his does not mean the mode of out failure, asthenia, etc. It means only or complication which caused	the disease. DUE TO, OR AS	A CONSEQUENCE OF.		
i ris	ANTECEDENT CAUSES SEASES OR CONDITIONS, ii a e to the above cause (A) NDERLYING CONDITION tast.	ny, giving DUE TO, OR A stating the (C)	S A CONSEQUENCE OF:	nun	
A DIS	HER SIGNIFICANT CONDITIONS CON THE DEATH BUT NOT RELATED TO THE EASE OR CONDITION GIVEN IN PART	E TERMINAL	- Rundelle	Curson	
RTIFIC	DATE OF OPERATION 198. COND. WAS PERFO	ORMED		OB. IF YES, WERE FINDING	S CONSIDERED DEATH?
S DE	A A CCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examined)	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimare City, gi	ve exoct locotion)
W OF	PATIME (Month) (Doy) (Year) INJURY PROX.)	While At North At Work		OCCUR?	
tho	of (I) (we) last saw the deceased	alive on 20 Ac	3 OCT 19	n(my) (our) apinton dec	of the occurred on the date
23A	d haur and from the causes state		view the bady after death.		TE SIGNED
	NAME (Type)	DEGREE	23D. ADDRESS		oun / L
25A. D.	JRIAL CREMATION, 24B. DATE MOVAL (Specify) (W) 19-1 ATE REC'D BY HEALTH DEPT. 12	24C, NAME OF CEMETERY OF CR 2 Estelle 5 25B, NAME OF REGISTRAR	C. Cem , Kst	elle, Sou,	the Covoling
VS 150-	AN 1 7 1972 Robert	E 12 12 10 10 10	25g. FONERAL DIRECTOR	Well Fitt	1701-brugen



This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1.	-525	29 nn.	400		HEALTH DEPART		nra 110	72	00498
BIRTH N	10,	72 00	138	CERTIFICA	TE OF DE	ATH	REG. NO		00100
Type or	Print)	<u> </u>		7	2.		D HOUR OF DEAT	Н	
2 01 44	LENA	JOH.					15-72		9:30 PM.
J. PLAC	CE IN BALTIMORE, MARYLAN	ID, WHERE PR	CONOUNCE	D DEAD	A. STATE	B. COUN	e deceased lived. II TY	institution; res	idence before odmission)
HOSPIT	AME OF HE NOT IN H	OSPITAL OR I	NOTTUTTON	, GIVE STREET	mo		ALT.		1703
INSTITU	MARYL				C. CITY OR TOWN		D. 1N	ISIDE CITY LIM	MILES?
4		SPIT			E. STREET AND N			YES .	NO []
	,		/ / L		1049		6418	AUS	
5. SEX	6. RACE	7- MAR	RIED N	EVER MARRIED	8. DATE OF BIRTH		AGE (In years		Yr. II Under 24 Hrs.
8-	N	WIDO	WED	DIVORCED	04-09-	-04	lost birthday)	Months D	Pays Hours Min.
done duri	JAL OCCUPATION (Give kind on a most of working life, even if ret	ol work 108, KIN	D OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE IS	ale of foreign	gn country)	12. CITIZE	N OF WHAT COUNTRY?
110	SAIMSENC				Charlott	0.11:11	le VA	1/	511
13. FATH	ER'S NAME				14. MOTHER'S MA		AE (1 0(2-1/-
1 5	1/AS WIAC	K			Honor	la 1	MACK		
15. Wos Yes, no o	Deceased Ever in U. S. Arme runknown) (If yes, give wor or	d Forces?	ice) 1 6. S	OCIAL ECURITY NO.	17- INFORMANT		11105	-	DDRESS SALE
				7-38-4141	HUSBI	AND	To	- I	1 anne
18.	4-12,31			CAUSE OF DEATH			-S/tme		APPROXIMATE INTERVAL
	DISEASE OR CONDITION	DIRECTLY		pur	2001 Ary	ME	MA	861	TWEEN ONSET AND DEATH
(Thi	LEADING TO DE		4.0	(A) IMMEDIATE CAU	SE				
hea	rt (ailure, asthenia, etc. 11 m ry ar complication which co	eans the dise	ease,		CONSEQUENCE OF				
1	ANTECEDENT CAL			AMER	HAMES 1	15 TC	C 1-56		
DISI	EASES OR CONDITIONS,		vina	(B) UE TO, OR AS	A CONSEQUENCE C	00	200		
nse	to the above couse DERLYING CONDITION last	(A) staling	fhe	(c)	A GONSEADENCE C	, r.			
	П			(),		***************************************			***************************************
NO THE TO THE	ER SIGNIFICANT CONDITIONS HE DEATH BUT NOT RELATED	CONTRIBUTI	NG					İ	
	ASE OR CONDITION GIVEN IN	PART 1 (A).		****************	******				
		PERFORMED	OR WHICH	OPERATION	20A. AUTOPSY?	Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO AUSES OF DE	ONSIDERED ATH?
. OR C	ACCIDENT WAS UNDERLYING CAUSE OF THE (notify medical examine)	46 🗌	218. PLAC home, form etc.)	E OF INJURY le.g., in n, foctory, street, all	or about 21C. WHER	CCUR?	(if In Boltimo	ore City, give e	exoct location)
☐ 21 D.	TIME (Month! †Doy) (Y	eorl (Hour)	21E INJU	RY OCCURRED	21F. HOW	DID INJU	RY OCCUR?		
S OF II			While At	Not While					
22. 1	certify that (1) (this has	oitol) ottend			-9 - 72	10) to 1	~ 15	- C 01
	(1) (we) lost saw the dece			- 15				Inlan death	occurred on the date
	hour and from the causes			(did) (did not) vi	ew the bady ofter	denth.		mion deom	occorred on the date
23A.	SIGNATURE	n						238, DATE S	SIGNED
16) duckay -	has	200 M	OEGREE Phys.	ding Med.	or D S	taff hys.	1 - 15	-72
23C.	PHYSICIAN'S NAME (Typel				3D. ADDRESS	^	.,	0-	
1	VICH AFL	Gar	ASSU	M D DEGREE	Down	and y	Demere	TOT	
24A. BUR	IAL CREMATION, 248. DATE			CEMETERY OF CREA		24D. 100	CATION IC	ity, town, or c	dunit (State)
Du	VIR 1-11	7-72 6	AVO	len of F	ternole	Tin	1/ /	11/1	,
25A. DAT	E REC'D BY HEALTH DEPT.	258. NAA	AE OF REG	ISTRAR	2SC. FUNERAL D	PIRECTOR	Ksburg	1000	ADDRESS /
	AN 17 1972 P.	R. BE 3	6 Q. "	Ar S	Drughy!	Da Que	s Mateu	w Kus	At moi-last
VS 150-R	EV. 1/1/6B		-		100		1-10-400	- Note	VI TATULE



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-61	5	72 01	0499		Y HEALTH DEPARTMENT		72 00499	
1. NAME OF DE	CEASED		0			AND HOUR OF DEAT	Н	
2 8 4 6 5 144 8 4	51	A	GRII	FFIN	1 13		13 P	N
3. PLACE IN BA	LTIMORE, MA	RYLAND, V	WHERE PROP	OUNCED DEAD	4. USUAL RESIDENCE IN	here docoosed lived, II	institution: residence before od	mission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2600 Liborty Hoights Avo					Maryland		167	12
					C. CITY OR TOWN D. INSIDE CITY LIMITS?			
	260C Liberty Heights Ave Provident Mospital Complex			Cal Complex	Baltimore YES NO			
Baltimore, Maryland 21215					E. STREET AND NUMBER	E. STREET AND NUMBER		
					912 N. Carey	St.		
5. SEX	" MARRIED IST NEVER MARRIED I				8. DATE OF BIRTH	9. AGE (In yours	if Under 1 Yr. II Under	24 Hrs.
Female	Black		WIDOWE	DIVORCED	7-21-1908	lost birthdoy) 63	Months Doys Hours	Min.
IOA, USUAL OCC	UPATION (Giv	e kind of wor	IOR KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or f	oreign country!	12. CITIZEN OF WHAT CO	TINTER
Unemplo	Working Itte, ev	en if relifed)			Baltimore		U. S. A.	
3. FATHER'S NA			1		14. MOTHER'S MAIDEN NAME			
w.h.								
Unknown					Florence :	Sample		
5. Was Deceased Yas, no or unknown	(Il yos, give	wor or dole	ces? s of sorvice	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
					Mr. Oliver Gr	iffin-Husbar	nd Same	
18. / _	741			CAUSE OF DEAT	H		APPROXIMATE INT	EDVAN
OTHER SIGNIF	e above c G CONDITIO	N last.	NTRIBUTING	(C)				
DISEASE OR C	ONDITION GI	VEN IN PAR	T I (A)	*************			*************	
		WAS PERF	ORMED	WHICH OPERATION	NO NO	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIST DEATH (notify	ITING CAU	ERLYINO [21 he et	B. PLACE OF INJURY (e.g., i ome, form, foctory, street, a c.)	n or obout 21C. WHERE DID	(If In Boltime	ore City, give exoct location)	4
21D. TIME	(Month) (De	oy) (Yeor)	(Hour) 21	E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX.)				Thile At Not While At Work	• 🗆			
22 1	41 - 241 / 41 1	1						
AL COTTINY	that (N) (th):	nospital) attended	the deceased from		19 <u>11</u> to		2-
that (i) (Ne)					19 <u>T \/ and 1</u>	hat in (my) Your) ap	inian death accurred on th	e date
and haur and	from the co	uses stat	ed abave.	(1) (Mg) (did) (did not) v	lew the body after death			
23A. SIGNATU	RE		_			-	23B, DATE SIGNED	
La	man	. 4	\cdot	1/ 1/44 Dhin	nding Med.	Shaff 17	.1 .1	
23C. PHYSICIA	NA			DEGNEE	23D, ADDRESS	Phys. MJ	111372	
RA	I MAN	T	N1	LI KT		_ 11	1	
A BURIAL CRE	MATION, 124B	DATE	. HI	DEGREE	PROUIDEN		INC.	
REMOVAL (pecify)	IM M	16 1	of CEMETERY OF CRE	MAIORY 24D.	LOCATION	ily, town, or county) (SI	tote)
JUVIF.	7 /	-//-/	1/V	Ut Hubus	w com.	AltoV	Vd.	r
IN NI	BY HEALTH	DEPT.	25B. NAME.	OF REGISTRAR	25G. FUNERAL DIRECTO	R	ADDRESS	5
JAN	1 3/2	Aco Se	2 5 14	Les Arb	Moztone	4 Diett	F. H. 1701- hA	4/10
5 150-REV. 1/1/6	8					Y	1 1 101	411

72

File Family 15

n ton

7-000 72 00500 BALTIMORE CITY	REALTH DEPARTMENT								
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 72 00500								
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH								
(Type or Print) x Towe Jule (Julius)	1114/1972 17.35 Pm.								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 160								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
79	Baltimore YES X NO								
31	E. STREET AND NUMBER								
Provident Hospital	907 Edmondson Ave.								
5. SEX 6. RACE 7. MARRIED THEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr., il Under 24 His. Manths Days Haurs Min.								
M B WIDOWED DIVORCED	2-22-00 71								
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY									
done during most of working tile, even if refired)	North Carolina U.S								
unemployed / / / / / / / / / / / / / / / / / / /	14. MOTHER'S MAIDEN NAME								
MITO	OH 1								
MAT IVWE	CINELLA 10WE								
15. Was Deceased Ever In U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS								
212072189	GRACE LOWE -3065-WALDVOOK HOE								
18. Z / G = 1 CAUSE OF DEATH	A APPROXIMATE INTERVAL								
DISEASE OR CONDITION DIRECTLY	ofotos dis publicate difease BETWEEN ONSET AND DEATH								
LEADING TO DEATH (A)IMMEDIATE CAU	use vears								
(This does not mean the mode of dying, e.g., DUE TO, OR AS A heart foilure, with an all the mode of dying, e.g., injury or camplication which caused death.)	A CONSEQUENCE OF:								
injury ar camplication which caused death.									
ANTECEDENT CAUSES	et of Reference								
DISEASES OR CONDITIONS, MEDICALLE EXAMINES. DUE TO, OR AS A CONSEQUENCE OF:									
ise to the abave couse (A) stating the UNDERLYING CONDITION last.	Rend Tarens. 3 days								
1 23									
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
TO THE DEATH BUT NOT RELATED TO THE TERMINAL SISTEMS OR CONDITION GIVEN IN PART 1 (A).									
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, give exact location)									
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or contributing CAUSE OF Home, form, fociary, street, of elc.)	fice bldg., INJURY OCCUR?								
	907 Edmorden the								
OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?								
(APPROXI) While At Work At Work	fell above thirt								
22. I certify that (1) (this hospital) attended the deceased from N	00 RR 1971 to JAN 14 1972								
that (1) (Ne) lost sow the deceased alive on AN 14	1971 and that In(my) (our) opinion deoth occurred on the date								
and hour and from the couses stated above. (1) (We) (did) (did not) v	lew the body ofter death.								
23A. SIGNATURE 23B. DATE SIGNED									
Consumer 9 - Olly M.D. Attending Med. Staff 1 14 7 V									
710/053	23D. ADDRESS								
PALLUM I. ALLU MO FOR MIT CHISO INC BUT HO									
24A. BURIAL CREMATION, 124B. DATE 124B. NAME of CEMETERY OF CREMATORY / 124D. EDCATION / (City, lown, of county) (Stole)									
BEMOVAL (Specify)									
25A DATE RECORD HEALTH DERY 25B MARK OF REGISTRAR									
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR									
VS 150-REV. 1/1/68	Kenghingaines Morlow to get 1101-5								

